



# APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED CERTIFICATE

**INSTRUCTIONS:**

- Application shall be accompanied by a non-refundable replacement fee of \$50.00. Check made payable to Alabama Board for Registered Interior Designers
- This application shall be completed in its entirety including signature and date.
- Please type or print clearly in black ink.

**SECTION I: PERSONAL INFORMATION**

NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.

First Name   Middle   Last Name:		Social Security Number:	
RESIDENCE	Mailing Address:	Preferred Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Business	
	City   State   Zip:		
	Phone Number:	E-Mail Address:	
BUSINESS	Business Name:	Position or Title:	
	Mailing Address:		
	City:	State:	Zip Code:
	Phone Number:	Fax Number:	

**SECTION II:** Please completely and fully explain your reason(s) for requesting a duplicate certificate.

**SECTION III:** Please read completely and sign below.

I hereby acknowledge that my original Certificate of Registration is either lost or destroyed. I hereby request a duplicate certificate. I understand that I shall be required to pay the non-refundable fee of \$50.00 made payable to the Alabama Board for Registered Interior Designers. Fee shall accompany application.

Signature:

Date:

<b>For Board Use Only</b>	<b>Date:</b>	<b>Check #:</b>	<b>Amount:</b>
---------------------------	--------------	-----------------	----------------