



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:

SECTION II: PREFERRED MAILING ADDRESS:

Address:		
City:	State:	Zip Code:

SECTION III: HOW WOULD YOU LIKE YOUR NAME TO APPEAR ON THE CERTIFICATE?

SECTION IV: PLEASE EXPLAIN YOUR REASON(S) FOR REQUESTING A DUPLICATE CERTIFICATE.

SECTION V: 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:

For Board Use Only	Date:	Check #:	Amount: