

Application for Replacement* Registration Certificate

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

*This application is only for a **replacement** registration certificate. Once issued, the replacement registration certificate will void all other previously issued registration certificates.

Instructions: Complete this form before submitting it and the \$10 fee to the Office of the Professions at address at the end of the form.

Print Name

Last

First

Middle

For Department Use Only

License #: _____

Name Check: _____

Fee: \$10 _____

Profession #: _____

Year: _____ RC

Mailing Address (You must notify the Department promptly of any address or name changes)

Line 1

Line 2

Line 3

City

State

ZIP Code

Country/
Province

Profession

New York State License Number

_____ - _____

Birth Date

Month Day Year

Last 4 Digits of Social Security Number

Daytime Telephone Number

Contact Email

Mail this form and \$10 fee to: New York State Education Department, Office of the Professions, Registration Unit, 89 Washington Ave, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.