



**OFFICE USE ONLY**

DATE FILED: \_\_\_\_\_

INITIALS: \_\_\_\_\_

RE-ISSUE DATE: \_\_\_\_\_

RE-ISSUED BY: \_\_\_\_\_

LICENSE PROVIDED VIA

US MAIL  IN PERSON

**DUPLICATE LICENSE APPLICATION  
CLKDUP (rev. 07/18)  
\$3.00**

**PLEASE NOTE:** Payment is required prior to delivery of duplicate license. **Please allow 1-3 business days for processing.**

**1. APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
FIRST M LAST

Licensee Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_  N/A  
CORPORATION, PARTNERSHIP, LLC

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. DESIRED DELIVERY METHOD (Check One):**  US Mail  In Person

If someone other than the applicant will pick up license, provide the following contact information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. DUPLICATE LICENSE TYPE:**

Type of License: \_\_\_\_\_

Reason for Duplicate: \_\_\_\_\_

**4. PROOF OF IDENTITY:**

When you are requesting a duplicate license you will need to provide the appropriate identification. You will need identification that shows: Written signature (such as government ID, passport, Social Security card).

**Proof of Identity Provided.** Type Provided: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_