

**APPLICATION FOR DUPLICATE WALL/POCKET CERTIFICATE**

**AFFIDAVIT FOR DUPLICATE CERTIFICATE:**

- Duplicate Wall Certificate *(Please include the \$5.00 processing fee and the incorrect certificate)*
- Duplicate Pocket Certificate *(Please include the \$5.00 processing fee and the incorrect certificate)*

I, \_\_\_\_\_ hereby certify that I am currently licensed or registered to practice psychology in the State of California and am the holder of License/Registration Number \_\_\_\_\_. I am applying for a duplicate wall/pocket certificate for the following reason: *(Please check a box)*

- The wall/pocket certificate was lost.
- The wall/pocket certificate was stolen.
- The wall/pocket certificate was never received.
- Other *(please specify)*: \_\_\_\_\_

**Return your incorrect certificate(s)** along with the necessary processing fee(s) and this affidavit to the Board.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Email Address)