

APPLICATION FOR DUPLICATE WALL CERTIFICATE AND/OR POCKET CARD

DUPLICATE NEEDED:

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

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

(Signature)

(Daytime Phone Number)

(Email Address)

(Date)

Note: Before submitting this form to the Board of Psychology (Board), please ensure your Address of Record on file with the Board is correct. You can verify your Address of Record here: <https://search.dca.ca.gov>.

If you need to make changes to your Address of Record, please log onto BreZze here: <https://www.breeze.ca.gov> where you can also order duplicate Pocket Cards and Wall Certificates should you choose, or you can download and submit to the Board a completed Notice of Change of Address form available here: https://www.psychology.ca.gov/licensees/change_address.pdf.