BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

REQUEST FOR DUPLICATE LICENSE
$50.00 per License/$30.00 per Certificate

CHECK REQUESTED LICENSE(S) AND/OR CERTIFICATE(S) BELOW:

LICENSE/CERTIFICATE TYPE	Pocket ID	Certificate
☐ Registered Nurse (RN)	☐	☐
☐ Nurse Anesthetist (NA)	☐	☐
☐ Nurse Practitioner (NP)	Not applicable - NP number appears on RN License	☐
☐ Nurse Midwife (NMW)	☐	☐
☐ Clinical Nurse Specialist (CNS)	☐	☐
☐ Furnishing Number (NPF)	☐	☐
☐ Furnishing Number (NMF)	☐	☐
☐ Public Health Nurse (PHN)	Not applicable	☐
☐ Psychiatric Mental Health Nurse (PMH)	Not applicable	☐
☐ Continuing Education Provider (CEP)	Not applicable	☐
	TOTAL FEE ENCLOSED:	____________

YOU MUST RETURN YOUR CURRENT POCKET ID **AND** SUBMIT A PHOTOCOPY OR ELECTRONIC COPY OF THE FOLLOWING **TWO** REQUIRED DOCUMENTS FOR NAME CHANGES: A current government-issued photographic identification (e.g. driver license, alien registration, passport, etc.) **AND** one of the following legal documents as proof of name change: certified court order, marriage certificate, or dissolution of marriage (divorce).

PLEASE PRINT OR TYPE:

First Name:	Middle Name:	Last Name:

RN License or CEP Number:	Date of Birth: (MM/DD/YYYY)

Reason for Request:

IF DUPLICATE REQUEST IS DUE TO NAME CHANGE, COMPLETE THE FOLLOWING:

Former First Name:	Former Middle Name:	Former Last Name:

PERSONAL ATTESTATION:

I certify under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license or certificate by the Department of Consumer Affairs.

Signature of Applicant: ______________________________ **Date:** ______________