



ARKANSAS STATE BOARD
OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS

900 West Capitol
Suite 400
Little Rock, AR 72201
Main (501) 682-3171

www.asbalaid.arkansas.gov
asbalaid@arkansas.gov

REQUEST FOR REPLACEMENT CERTIFICATE FORM

Last Name	<input type="text"/>	License Number	<input type="text"/>
First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Middle Name	<input type="text"/>		

REASON FOR REQUEST (Check One):

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Original Not Received | <input type="checkbox"/> Lost | <input type="checkbox"/> Stolen | <input type="checkbox"/> Destroyed |
| <input type="checkbox"/> Mutilated* | <input type="checkbox"/> Misspelling* | <input type="checkbox"/> Name Change* | <input type="checkbox"/> Other (State Reason Below) |

*** The original licensure certificate must be returned with this request.**

REASON FOR REQUEST:

I testify with my signature, under risk of sanction, that the information I have provided the Board is accurate. Additional documentation will be provided if requested. Providing false information to the Board is a direct violation of the Board Rules and is subject to enforcement action.

Signature

Date