

Request for Duplicate Certificate of Registration

Revised 09/2017

Please issue a duplicate cer	tificate of registration			
Last Name	First Name		Middle Name	License Number
Licensee's Signature				Date
The mailing address I want NOTE: Mailing addresses a		<u>d</u> printed or	n my certificate	is:
Street Address 1				
Street Address 2				
Street Address 2				
City			State	Zip
	Bu	usiness	Residenc	te \Box Other
Phone Number				
Please mail certificate to	\Box the above address	OR □ tł	ne address belo	ow:
Street Address 1				
Street Address 2				
City			State	Zip

NOTE: If you have other addresses that need to be updated, please log in to Applicant/Licensee Services on our website www.Oregon.gov/OMB and click "Change My Address"