



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

Affidavit of Lost or Replacement Documents

Name change requests must use form 7. Name/Address Change Notification Form.

- The fee for a duplicate license/registration is \$5.00; duplicate wall certificate is \$15.00.
- Non-refundable fee(s) may be paid via check or money order (NO CASH OR CARD).
- License/registration is mailed within 2 business days upon receipt.
- Wall certificates require the Board Chair’s signature and are mailed after the next quarterly meeting.
- If your license/registration was stolen, you must file a report with your local police department and include a copy of that report with your request.

Type or print in ink. Do not omit any information.

I am requesting a new license/registration (\$5.00). Yes <input type="checkbox"/> No <input type="checkbox"/>		I am requesting a new wall certificate (\$15.00). Yes <input type="checkbox"/> No <input type="checkbox"/>	
Profession and WV License/Registration Number:		Social Security Number (Required):	
First Name:	MI:	Last Name:	
Mailing Address:		City:	
County:	State:	Zip Code:	
Reason for requesting a duplicate or replacement document (ex. lost, stolen, did not print with online renewal, etc.):			

To be completed before a Notary Public:

Signature of Licensee/Registrant: _____

Sworn to and signed before me this _____ day of _____, 20_____

Signature of Notary Public: _____

Commission Expires: _____

