



SMOG CHECK TECHNICIAN DUPLICATE WALL LICENSE/ REPLACEMENT BADGE LICENSE REQUEST FORM

INSTRUCTIONS

1. Complete this form to request a duplicate wall license(s) or replacement badge license.
2. Print, sign, and date this form and return it to the address listed in Section B.

SECTION A. LICENSEE INFORMATION			
NAME			
ADDRESS Number and Street			
CITY	STATE	ZIP CODE	
PHONE NUMBER	LICENSE #		
SECTION B. REQUEST INFORMATION			
	QUANTITY	PRICE	TOTAL
FIRST DUPLICATE WALL LICENSE			
ADDITIONAL DUPLICATE WALL LICENSES			
REPLACEMENT BADGE LICENSE			
WALL AND BADGE LICENSE PACKAGE			
TOTAL			
Make company check, cashier's check, or money order payable to PSI. No personal checks or cash accepted. Send payment along with this form to PSI, 3210 EAST TROPICANA, LAS VEGAS, NV 89121			
SECTION C. CERTIFICATION			
I hereby certify under penalty of perjury under the laws of the State of California that I am the above technician requesting the duplicate license(s).			
SIGNATURE	DATE		

To obtain a form to request a duplicate adjuster or station license, see the BAR website www.bar.ca.gov or call (855) 735-0462.