



STATE OF ALABAMA
 BOARD OF PHYSICAL THERAPY
 100 NORTH UNION STREET, SUITE 724
 MONTGOMERY, AL 36130-5040
 Phone: (888) 726-9743 Fax: (334) 242-3288



According to the AL STATE BOARD OF PHYSICAL THERAPY ADMINISTRATIVE CODE, Rule 700-X-2-.10(1)(2) “Any licensee...may be issued a replacement license upon making application...accompanied by an affidavit setting out the facts concerning the loss or destruction...or name change.”

Return this form and payment of a \$5.00 fee in the form of a money order to us by mail and your replacement license will be returned directly to you. For a name change, please return your old license to this office.

 (CURRENT NAME - As listed on license)

 (NEW NAME – If name change is requested)

AFFIDAVIT OF LICENSE

STATE OF _____) COUNTY OF _____)

REPLACEMENT: wall license / registration card, (CIRCLE ONE) Loss - Name Change

I, _____, AL license number _____, do hereby swear or affirm that my request for replacement of wall license/registration card is due to the following circumstances. (Please print, explaining your need for replacement.) _____

NAME: _____
 (As it should appear on License)

ADDRESS: _____
 (Street) (City) (State) (Zip Code)

TELEPHONE: _____

I, _____, affirm I am the person referred to in
 Original signature required

the foregoing license replacement request and that the statements made are true and correct.