

# ID Replacement Form

Please fill out this form for replacement of ID Card:

Name \_\_\_\_\_ Lead ID Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Other Valid ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reason for duplicate:

\_\_\_\_\_  
\_\_\_\_\_

Please send my replacement card to my home address which is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or Work address which is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED

**Please don't forget to attach a copy of your other valid identification. Thank you.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Preparer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Signature



Fax this form to (510) 620-5656 or mail to:  
**CLPPB - Accreditation and Certification Unit**  
**850 Marina Bay Parkway**  
**Bldg. P, 3rd Floor, Box C**  
**Richmond, California 94804-6403**