

DUPLICATE WALL CERTIFICATE FORM

• INFORMATION & INSTRUCTIONS •

- **COMPLETE AND SUBMIT DUPLICATE WALL CERTIFICATE REQUEST:** This form must be mailed in. We cannot accept it electronically.
- **FEE: Wall Certificate fee is \$30.00.** Submit a check or money order, made payable to the Minnesota Board of Social Work. **All fees submitted to the Board are nonrefundable.**
- **PROCESSING TIME:** Typically takes 2-4 weeks from date received.

• LICENSEE DATA •

LICENSE NUMBER:	CURRENT LICENSE: (circle one)	<input type="checkbox"/> LSW <input type="checkbox"/> Prov. LSW	<input type="checkbox"/> LGSW <input type="checkbox"/> Prov. LGSW	<input type="checkbox"/> LISW <input type="checkbox"/> Prov. LISW	<input type="checkbox"/> LICSW <input type="checkbox"/> Prov. LICSW
FULL NAME (as it <u>currently</u> appears on your license certificate)					
LAST NAME:	FIRST NAME:	MIDDLE NAME:			

• CONTACT INFORMATION •

Provide **PUBLIC** and **MAILING** addresses, and **PUBLIC** and **PRIMARY** phone numbers, which can be the same or different.

- **PUBLIC** address and **PUBLIC** phone: Classified as public data and available to any person upon request
- **MAILING** address: Used to send all Board correspondence. If a mailing address different than the public address is not designated, all correspondence will be sent to the public address.
- **PRIMARY** phone: If not specified, the public phone will be designated as the primary phone.

PUBLIC ADDRESS-required:				TYPE: (check one)
CITY:	COUNTY:	STATE:	ZIP CODE:	<input type="checkbox"/> Home
				<input type="checkbox"/> Business
				<input type="checkbox"/> Other
MAILING ADDRESS-optional: (provide if DIFFERENT than public address)				TYPE: (check one)
CITY:	COUNTY:	STATE:	ZIP CODE:	<input type="checkbox"/> Home
				<input type="checkbox"/> Business
				<input type="checkbox"/> Other
PUBLIC PHONE-required:		TYPE: (check one)		
		<input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
PRIMARY PHONE-optional: (provide if DIFFERENT than public phone)		TYPE (check one)		
		<input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
EMAIL ADDRESS: (classified as public data)				

• ACKNOWLEDGEMENT •

I am requesting a duplicate wall certificate be sent to me at the above indicated mailing address.

SIGNATURE (electronic signatures are acceptable if completing electronically):

DATE: