



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Affidavit of Lost or Replacement Documents

- Instructions:**
1. Complete all sections of this form by printing or typing.
 2. This form must be notarized.
 3. The fee for a new wall license is \$10.00. The fee for a replacement ID card is \$10.00.
 4. If you are submitting a name change request, this form must be completed and you are required to order a replacement ID card with your updated name.
 5. Only cashier's checks, money orders, or business checks will be accepted. Personal checks, cash and/or credit cards will not be accepted. Make checks payable to "Ohio Treasurer Richard Cordray". If the document that you are requesting a replacement for is found, one of the documents, either the replacement or original, must be returned to the Board.

Processing takes approximately 7 business days.

| | | | |
|--|--------|--|--|
| Profession and Ohio License Number: (ex: OT - 9999) | | Social Security Number (Required): | |
| I am requesting one new wall license. The cost is \$10.00. <i>Check one.</i> Yes ___ No ___ | | I am requesting one new pocket ID card. The cost is \$10.00. <i>Check one.</i> Yes ___ No ___ | |
| Full Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Reason you are requesting a replacement document: (ex: lost, stolen, marriage, etc.) | | | |

To be completed before a Notary Public:

Signature of Licensee: _____

Sworn to and signed before me this _____

day of _____, 20____.

SEAL OF
NOTARY PUBLIC

Signature of Notary Public:

My Commission Expires: _____

For Office Use Only:

| | |
|----------------|--------------|
| Date Received: | Amount Paid: |
| MO/CK#: | Batch #: |

Revised 7/1/2008