



Iowa Board of Nursing  
400 SW 8th Street, Suite B  
Des Moines, IA 50309-4685

License # _____
Reason _____
<u>Office use only</u>

APPLICATION FOR DUPLICATE WALLET CARD OR CERTIFICATE

Check here if this is a change to name, address or multi-state license privilege

NAME: \_\_\_\_\_  
(TYPE or Print) (Last) (First) (Middle) (Maiden)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary State of Residence: \_\_\_\_\_

License Number or Last 4 of SSN: \_\_\_\_\_

Duplicate request for wallet card

Duplicate request for certificate of licensure

ARNP  
RN  
LPN

\$20 Fee for Each Request

ARNP  
RN  
LPN

Reason for duplicate request

Lost or Stolen (\$20 fee each card)

Destroyed (\$20 fee each card)

\* Name Change (\$20 fee each card)

\* Address change (\$20 fee each card)

\* Did not receive the wallet card/certificate, however it is over 60 days of the issue date (\$20 fee)

\* Did not receive the wallet card/certificate, and it is within 60 days of the issue date (No Fee)

\* Must submit the incorrect wallet card or certificate when requesting a re-issued document, Notarization is ONLY required if you do not have the incorrect wallet card or certificate to be returned.

I am returning the incorrect wallet card or certificate.

I do not have the incorrect wallet card or certificate to return and understand this form must be notarized.

I affirm the above stated document has not been given to or sold to any person and I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification it shall result in Board disciplinary action.

NOTARY PUBLIC

Licensee's signature: \_\_\_\_\_  
(To be signed in presence of a notary)

Notary public's signature: \_\_\_\_\_

Commission expires: \_\_\_\_\_

Subscribed and sworn to me this day \_\_\_\_ of \_\_\_\_, 20\_\_.

SEAL

State of: \_\_\_\_\_ County of: \_\_\_\_\_