

# MISSOURI BOARD OF LAW EXAMINERS

1700 JEFFERSON STREET, JEFFERSON CITY, MO 65109

PHONE (573) 751-9814 / FAX (573) 751-5335

## REQUEST FOR DUPLICATE OR REPLACEMENT LICENSE

A duplicate license may be issued only when the original license document has been lost or damaged. A replacement license may be issued only when the attorney's name has been legally changed. (A copy of the court order or marriage certificate is required.) To request a duplicate or replacement license, complete and submit this form to our office at the address listed above and **include a check in the amount of \$50 payable to "Clerk of the Supreme Court"**. Credit card payment can be made by calling the MBLE office at (573) 751-9814.

1. **REASON FOR REQUEST** - I am requesting a duplicate license because (*mark ONE applicable box below*):

- My original license document has been lost. I have conducted a diligent and thorough search for it before making this request. In the event it is recovered after a duplicate license is issued, I will return the original license document to the MBLE.
- I have legally changed my name. I am enclosing a - copy of the court order or marriage certificate as proof. I am enclosing the original license.
- My original license document has been damaged. I am enclosing the damaged original license.

2. **APPLICANT IDENTIFYING & RETURN INFORMATION** (*Please type or print clearly.*)

Name (*as on original license*): \_\_\_\_\_

New Name (*if applicable*): \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
*Street* *City* *State* *Postal Code*

Last 4 digits SSN: xxx-xx- Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Month/year licensed: \_\_\_\_\_ Missouri Bar #: \_\_\_\_\_

3. **SIGNATURE AND NOTARIZATION REQUIRED**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

State of \_\_\_\_\_) County of \_\_\_\_\_)

Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

[Seal or Stamp must be affixed.]