



DSHS Sanitarian Registration Program
Professional Licensing and Certification Unit Mail Code 2003
 P.O. Box 149347
 Austin, Texas 78714-9347
 Phone: (512) 834-4517
 Fax: (512) 834-6677

REPLACEMENT REGISTRATION AFFIDAVIT

Submit this form with **\$20** to receive a duplicate copy of your registration certificate.

Name as shown on certificate _____

Registration #: RS _____

Social Security # _____

Preferred Mailing Address _____

Reason for replacement registration? _____

All information that I have provided on this form is truthful. I understand that providing false information of any kind may result in the revocation of my registration.

SIGNATURE: _____ DATE: _____

25 TAC §140.103(b)(5) certificate of registration (framing size) or identification card (billfold size) replacement fee--\$20. This fee must be submitted in order for the program to print the replacement card. Forms received without the \$20.00 fee will not be processed.

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.00 **DSHS Publications #F82-11487 rev. 11/13**