



**Texas Department of State Health Services
Professional Licensing and Certification Unit
Code Enforcement Officer Registration Program**
P.O. Box 149347, Mail Code 2003
Austin, Texas 78714-9347
Phone: (512) 834-4512 Fax: (512) 834-6677

REPLACEMENT REGISTRATION AFFIDAVIT

PLEASE CHECK ITEM(S) NEEDED: [] Wallet Certificate [] Wall Certificate
\$20 for each certificate requested

Name as shown on certificate _____

Registration #: CE _____

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§140.153(a)(5) certificate or identification card replacement fee--\$20 each. 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.

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