

## REQUEST FOR DUPLICATE LICENSE

**TOTAL FEE DUE: \$10.00**

**FEE IS NON-REFUNDABLE**

AUTHORITY: P.A. 299 of 1980, as amended  
 COMPLETION: Mandatory  
 PENALTY: Failure to complete may result in denial of your application

**COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR REQUEST. PLEASE TYPE OR PRINT IN INK.**

Licensee Name		Licensee Permanent ID Number (10 digit number) <b>61-</b>	
Complete Address of Licensee			
City	State	Zip Code	
Email Address(Optional)			
Reason for Replacement			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Never Received by Licensee			
Signature of Requestor		Phone Number	

**YOU MUST SUBMIT A SEPARATE REQUEST AND FEE PER LICENSE.**

FEE PAYMENT INFORMATION - PLEASE CHECK ONE			FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/>	Agency Type A	Fee: \$10.00	61-02-90
<input type="checkbox"/>	Agency Type B	Fee: \$10.00	61-05-90
<input type="checkbox"/>	Agent	Fee: \$10.00	61-06-90
Make your check or money order in U.S. Currency payable to: <p style="text-align: center;"><b>STATE OF MICHIGAN</b></p>			
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.			