



**STATE OF ALABAMA**  
**BOARD OF PHYSICAL THERAPY**  
 100 NORTH UNION STREET, SUITE 724  
 P.O. BOX 305040  
 MONTGOMERY, AL 36130-5040  
 Phone: (888) 726-9743 Fax: (334) 242-3288



**According to the AL STATE BOARD OF PHYSICAL THERAPY ADMINISTRATIVE CODE, Rule 700-X-2-.11(1)(2) “Any licensee...may be issued a replacement license upon making application...accompanied by an affidavit setting out the facts concerning the loss or destruction...or name change.”**

**Return this form and payment of a \$10.00 fee in the form of a money order to us by mail and your replacement license will be returned directly to you. For a name change, please return your old license to this office.**

\_\_\_\_\_  
 (CURRENT NAME - As listed on license)

\_\_\_\_\_  
 (NEW NAME – If name change is requested)

**AFFIDAVIT OF LICENSE**

STATE OF \_\_\_\_\_ ) COUNTY OF \_\_\_\_\_ )

REPLACEMENT: wall license / registration card, (CIRCLE ONE) Loss - Name Change

I, \_\_\_\_\_, AL license number \_\_\_\_\_, do hereby swear or affirm that my request for replacement of wall license/registration card is due to the following circumstances. (Please print, explaining your need for replacement.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

NAME: \_\_\_\_\_  
 (AS IT SHOULD APPEAR ON LICENSE)

ADDRESS: \_\_\_\_\_  
 (STREET, CITY, STATE, ZIP CODE)

TELEPHONE: \_\_\_\_\_

SIGNATURE OF LICENSEE: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Commission Expires: \_\_\_\_\_

Notary Public