

**STATE OF ALABAMA  
BOARD OF PHYSICAL THERAPY  
100 No. Union Street, Suite 724  
Montgomery, Alabama 36130-5040**

**Telephone: (334) 242-4064 (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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Commission Expires: \_\_\_\_\_