



## APPLICATION FOR REPLACEMENT “PT” LICENSE

The Board of Vocational Nursing and Psychiatric Technicians acknowledges receipt of your request for a replacement license. Please follow the instructions below to obtain a replacement license:

- ◆ **Complete this form and attach a check or money order for \$20.00 made payable to the “BVNPT.”**
- ◆ **Mail the form and check to the Board at the address shown above.**
- ◆ **Please allow 3-4 weeks for processing your request.**

**PRINT OR TYPE (DO NOT USE PENCIL)**

1. Last Name	First Name	Middle Name
2. PT License #:	Date of Birth	Social Security Number*
3. Address (Street or PO Box Number)		
4. City	State	Zip Code
5. Telephone Numbers	Business ( ) _____ Area Code	Home ( ) _____ Area Code
6. A. Is this a Name Change? <input type="checkbox"/> Yes <input type="checkbox"/> No      B. Is this an Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A request for a “name change” must be submitted with documentary evidence showing your new legal name (e.g., copy of your drivers license, social security card, divorce decree or marriage certificate).		
7. Complete Section A <u>or</u> B:		
A. My license was (check one): <input type="checkbox"/> Damaged <input type="checkbox"/> Issued in my former name and/or address (Note: <b>MANDATORY REQUIREMENT: License being replaced must be attached to this affidavit.</b> )		
B. My license was (check one): <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <i>I am aware that my license could be illegally used by an unauthorized person and that I will immediately report to the Board if the license is found or its whereabouts become known to me.</i>		
The circumstances regarding this loss or theft are as follows: _____ _____ _____		
8. PLEASE READ CAREFULLY BEFORE SIGNING. – I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. False statements included in this application can result in licensure denial.		
SIGNATURE: _____		DATE: _____

\* **SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –**  
 Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (e)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



## Notice on Collection of Personal Information For Applicants and Licensees

**Collection and Use of Personal Information.** The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technicians Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the BVNPT at 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7800 or email [bvnpt@dca.ca.gov](mailto:bvnpt@dca.ca.gov).