



### INSTRUCTIONS

- (1) Print legibly and complete the form. Illegible or incomplete forms will be returned without processing.
- (2) You must be currently certified and registered to request a duplicate certificate.
- (3) Each certificate reflects one discipline credential.
- (4) Complete the application for one or more certificates on the reverse side.
- (5) The certificate will bear your legal name as currently on record with ARRT, along with your original certificate date and number.
- (6) If your name has changed, you must include documentary evidence of your name change (copy of marriage certificate, etc.) and a Name Change Form downloadable from your ARRT online account's "Settings" page. The new name to be printed on the duplicate certificate should be printed legibly.
- (7) Have your signature notarized.
- (8) Enclose the certificate fee of \$10 for each certificate ordered.
- (9) Mail the original application (photocopies not accepted) to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155.
- (10) Contact the Education Requirements Department with questions: 651.687.0048, ext. 8560.
- (11) Allow three to four weeks for delivery.



# DUPLICATE CERTIFICATE AUTHORIZATION

Read instructions on the reverse side before completing this application.

## CERTIFICATE CATEGORY

Select ALL desired categories.

R  N  T  S  MR  CV  M  CT  QM  BD  VS  CI  VI  BS  RRA

ARRT ID Number       U.S. Social Security Number   -  -     Birthdate        
MO DA YR

Last Name

First Name  Middle Initial

Street Address 1

Street Address 2

City  State  Zip

## If your name has changed, please provide name as originally certified. (For ARRT verification)

Last Name

First Name  Middle Initial

## NOTARY

Before me personally appeared \_\_\_\_\_ to me known to be the person described in the above application, who signed the foregoing instrument in my presence, and made oath before me to the accuracy of the statements set forth herein,

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

NOTARY  
STAMP/SEAL

## Note: The declaration below must be signed in the presence of a Notary Public.

I DECLARE THAT ALL THE DATA APPEARING ON THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
(Applicant Signature)

MO DA YR