



Medical Board of California

Application for Duplicate Wall Certificate

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
www.mbc.ca.gov

PERSONAL INFORMATION

MBC USE ONLY

Medical Board of California License/Registration Number:

Lic/Reg #
☐

Full Legal Name

Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name
☐

SELECT THE LICENSE TYPE

Cert Type
☐

Only one wall certificate may be issued.

☐ Physician's and Surgeon's (\$50)

☐ Midwife (\$25)

REASON FOR REQUEST (Check All That Apply)

Reason
☐

☐ Lost

☐ Name Change

☐ Destroyed

☐ Mutilated

☐ Stolen

☐ Not Received Yet

☐ Reinstatement of a revoked certificate

If you indicated lost, stolen, mutilated or destroyed, an explanation of the circumstances is required below.

Exp
☐

AFFIDAVIT

I hereby declare under penalty of perjury under the laws of the State of California that the information provided on this form, including supporting documentation, is true and correct and that I am licensed/registered to practice in the State of California.

Licensee
Signature
and Date
☐

SIGN LEGAL NAME: _____ DATE: _____

IMPORTANT NOTES

You must mail the completed form and payment directly to the Board.

Your wall certificate will be mailed to the Address of Record currently listed in your BreEZe account. If you would like your wall certificate sent to a different address, you must update your address in BreEZe before submitting this application.

MBC USE ONLY

Fee Paid _____

Receipt # _____

Enforcement Approval Yes ☐ No ☐ Date _____

Date Cashiered _____

Cashier's Initial _____

Date Completed _____

Form **DUP**