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MISSOURI STATE BOARD OF NURSING
P.O. BOX 656
JEFFERSON CITY, MO 65102-0656
(573) 751-0681
TEXT TELEPHONE (TT) 1-800-735-2966
(HEARING IMPAIRED)
WEBSITE: http://pr.mo.gov
Email: nursing@pr.mo.gov

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

AFFIDAVIT FOR DUPLICATE LICENSE

FOR STATE BOARD USE ONLY

AFFIDAVIT SENT	NAME		
☐ CHECK ☐ CASH ☐ M.O.	DATE DEPOSITED	CRT	LICENSE SENT

INSTRUCTIONS

We have received your request for a duplicate license. Please complete the information below, have it notarized by a notary public, and return it to our office with a **$15.00 fee**.

RETURN TO: MISSOURI STATE BOARD OF NURSING, P.O. BOX 656, JEFFERSON CITY, MO 65102-0656

LICENSEE INFORMATION

APPLICANT NAME (FIRST, MIDDLE INITIAL, LAST)	LICENSE NUMBER ☐ RN ☐ LPN
*INDICATE YOUR PRIMARY STATE OF RESIDENCE, (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE)	LIST ALL STATES IN WHICH YOU ARE CURRENTLY PRACTICING

TELEPHONE NUMBER	DATE OF BIRTH MONTH DAY YEAR	SOCIAL SECURITY NUMBER (MANDATORY)

SCHOOL OF NURSING	DATE OF GRADUATION

THE ORIGINAL LICENSE ISSUED TO ME HAS BEEN: ☐ DESTROYED ☐ LOST ☐ STOLEN

PLEASE PRINT YOUR NAME AND ADDRESS BELOW **AS YOU WANT IT TO READ ON YOUR LICENSE**.
☐ USE INFORMATION ALREADY GIVEN ABOVE ☐ USE INFORMATION LISTED BELOW.

NAME (FIRST, MIDDLE INITIAL, LAST NAME)

PRIMARY STATE OF RESIDENCE ADDRESS (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE)

PHYSICAL ADDRESS REQUIRED, **PO BOXES ARE NOT ACCEPTABLE**

CITY	STATE	ZIP

MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY	STATE	ZIP

☐ CHECK HERE IF THIS IS A NEW MAILING ADDRESS

AFFIDAVIT

THE ABOVE NAMED LICENSEE, BEING DULY SWORN, DECLARES THAT SHE/HE IS THE PERSON REFERRED TO ABOVE, THAT THE INFORMATION SUPPLIED HEREIN IS TRUE TO THE BEST OF HER/HIS KNOWLEDGE AND THAT SHE/HE HAS READ AND UNDERSTANDS THIS AFFIDAVIT.

MUST BE SIGNED IN PRESENCE OF NOTARY

SIGNATURE OF APPLICANT ▶

NOTARY PUBLIC EMBOSSER SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

***Primary State of residence** means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

OFFICE USE ONLY DO NOT WRITE IN THIS AREA	
NAME	
LICENSE NUMBER	☐ NAME CHANGE ☐ UPDATE ONLY
PREVIOUS NAME	