

New Jersey State Department of Education
Office of Licensure and Credentials

DUPLICATE LICENSE REQUEST

This form is only to be used to request the reprint of license(s) due to the loss of the original document(s) previously issued by the Office of Licensure and Credentials. Only one (1) reprint per license can be accommodated. None of the licensee's personal information can be changed. **(If you wish to report a name or address change in order to have any licenses reprinted, please use the "Name/Address Change Request" form that is available at <http://www.nj.gov/njded/educators/license/>** In order for your reprint request to be processed, this form must be completed in its entirety. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification and a notarized statement of loss for those certificates that are no longer in your possession.

| | | |
|---|--|------------------|
| The number of certificates to be reprinted. _____ | Per certificate fee. X \$60.00 | TOTAL FEE |
|---|--|------------------|

Please remember to enclose your personal check, certified check or money order for the amount of the "Total Fee" column made out to the "Commissioner of Education."

A. Basic Information Please print your name as it appears on your current certificate

| | | |
|------------------------|----------------------|------------------------|
| Last Name | First Name | Middle Name or Initial |
| Street Address | | |
| City | State | Zip |
| Social Security Number | Date of Birth: Month | Day Year |
| Email address | | |

B. Documentation Requirements: In this section, the applicant is required to submit *no less than three* types including a mandatory photocopy of an individual's social security card. Clear and legible photocopies of these cards and papers should be attached to this form. Once completed and notarized, the form and the attachments should be forwarded to: New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500. Attention: Social Security Number Record Change Request

Submission of identification – Check boxes of those items for which you have attached copies.

Required COPY of Your Social Security Card -- A photocopy of the applicant's social security card *must* be submitted as one of three types of identification for the purpose of changing an individual's social security number. For a replacement card please contact the Social Security Administration at 1-800-772-1213 or go to <http://www.ssa.gov/ssnumber> and click on Replacement Card. The remaining two items may be selected from the items listed below.

Also include COPIES of any two of the following items.

- Certificate of Birth (Raised Seal Copy)
- Valid Marriage License
- Valid New Jersey or Out-of-State Auto Operator License
- United States Passport (current or expired within 3 years)
- Adoption Papers
- Certificate of Citizenship
- Certificate of Naturalization
- Valid United States Military Photo ID Card
- Valid New Jersey Non-Driver Digital ID Card

D. Applicant's Signature (in ink) _____ **Date** _____

C. Notarized Statement of Loss & Certificate Reprint Status

Where certificates previously issued to you are no longer in your possession (e.g., lost), please enter the information for each certificate below. In order to ensure that the correct certificate is reprinted, please refer to the list of certificates/endorsements and their codes located on the Office of Licensure & Credentials web page at

<http://www.nj.gov/njded/educators/license/endorsements/endorsements1.htm>

List of Previously Issued Certificates No Longer in Your Possession That You Wish Reprinted

| Certificate Code (4 digit) | Certificate Title Please Print Clearly | Date Issued (mm/yyyy) |
|-------------------------------|---|--------------------------|
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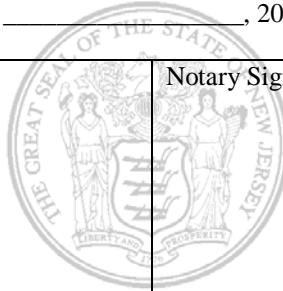
NOTARY. Present this form to a notary public and have the following notarized. The notary will affix his/her raised seal stamp to this document. *DO NOT ATTACH OR ENCLOSE ORIGINAL DOCUMENTS.* Once this form is completed and notarized, mail the form with your payment and documentation (personal check, certified check or money order) to the address below.

Applicant's Signature

Sworn to before me this _____ day of _____, 20_____

Notary Seal

Notary Signature



Date of Signature

Mail this form, your documentation, and fee to:

New Jersey State Department of Education
Office of Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Attention: Duplicate License Request

Filename and Path and Revision Date