



2745/001 \$25.00
 2740/001 \$25.00
 2744/001 \$25.00
 2746/001 \$25.00

LICENSE NO: _____

STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 BUREAU OF HEALTH LICENSURE AND REGULATION
 DIVISION OF HEALTH RELATED BOARDS
 665 MAINSTREAM DRIVE
 Nashville, TN 37243

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE

AFFIDAVIT FOR REPLACEMENT LICENSE

I _____
 (FIRST) (MIDDLE) (MAIDEN) (LAST)

the lawful possessor of the lost _____, stolen _____, destroyed _____, other _____ license to practice social work in the state of Tennessee do hereby request a replacement of said license.

PLEASE EXPLAIN REASON/CIRCUMSTANCE BELOW:

 (Legal signature as licensed) (Date)

PRESENT ADDRESS:

 (Street No.) (Apt No.)

 (City) (State) (Zip)

This person whose signature appears above has personally appeared before me and being duly sworn, states the statements made in this affidavit are strictly true this _____ day of _____, 20_____.

COUNTY OF:

 (Notary's Name)

STATE OF:

My Commission Expires: _____

SEAL