

AFFIDAVIT: Lost/Stolen License

| l | , | / | | |
|---|---|--|--|--|
| Licensee Name | License Ty | pe | License # | |
| Residing at | | | | |
| Street | City | State | Zip | |
| State that my: | | | | |
| _ | | | | |
| License/Card (indicate expiration date) | /// | <u></u> | Plate | |
| Foreman Card for | | | Seal | |
| | | | | |
| ☐ Lost (provide police precinct incident re | port) | | | |
| ☐ Stolen (provide police precinct incident | report) | | | |
| Never received in the mail (Licensing | Unit verification) | | | |
| | | | | |
| License Reissuance Fee: \$50.00 | | | | |
| Foreman Card Fee: \$5.00 | | | | |
| Comments: (please indicate in detail why you are | requesting a replacement) | | | |
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| Statements and Signatures | | | | |
| I attest that the above is true and accurate. As a cor City Administrative Code and Department rules, reg trade. I understand it is unlawful to make a false st employee to accept, any benefit, monetary or other for special consideration. Such actions are punish accident that involves my actions undertaken in c requires that I cooperate with any investigation and other disciplinary action. | gulations, and directives govern tatement to the Department; or wise, either as a gratuity for pr hable by imprisonment, fine an onnection with my license, I u | ning how licensees to give to a city operly performing d/or loss of licens understand that th | s conduct their specific employee, or for a city the job or in exchange se. In the event of an e Administrative Code | |
| Licensee Signature | | | Date | |
| · · | 20 | | | |
| Sworn before me this day of | , 20 | | | |
| | | | | |
| Notary Public or Commissioner of | f Deeds | | | |