

Alabama Medical Licensure Commission



Application for Replacement Wall Certificate

License Number: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Request New Design/ Returned Certificate
****NO FEE**

License Lost/Destroyed
(A notarized affidavit must accompany this application as to how and when the license was lost or destroyed)
****Fee: \$25.00**

Signature: _____

Date: _____

Please submit this application along with an affidavit and fee (if applicable) to the following address:

**Medical Licensure Commission
Post Office Box 887
Montgomery, Al 36101-0887**