



STATE of ALABAMA  
MEDICAL LICENSURE COMMISSION

## Application for a Replacement Wall Certificate

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Request New Design  
Certificate must be returned.  
**\*\*NO FEE**

Wall Certificate Lost/Destroyed  
A notarized affidavit must accompany this application as to how and when the certificate was lost or destroyed.  
**\*\*FEE: \$25.00**

Request New Wall Certificate due to Legal Name Change  
The [Name Change Request Form](#) must be submitted prior to a new wall certificate being issued.  
**\*\*FEE: \$25.00**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Alabama Medical Licensure Commission  
848 Washington Ave  
Montgomery, AL 36104