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*The University of the State of New York
The State Education Department
Division of Library Development
Cultural Education Center, Room 10B41
Albany, New York 12230*

APPLICATION FOR REPLACEMENT OF PUBLIC LIBRARIAN'S PROFESSIONAL CERTIFICATE

Name _____
(Print or type) Ms.
Mr.
Mrs. _____
First Middle Last
(Name under which you were originally certified)

Please carefully print or type in the space provided below your name as you wish to see it appear on the certificate

First Name:
Middle Name (or initial):
Last Name:

Mailing Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Number on Public Librarian's Professional Certificate (if known): _____

Date of Issue (if known): _____

Reason for requesting replacement: _____

I hereby apply for replacement of the Certificate described above and certify that the information given in this application is true and correct.

Date _____ Signed _____
Signature of Applicant

Social Security Number (last four digits): **XXX-XX-**

Please return this form to:

Public Librarian Certification
The State Education Department
Division of Library Development
Cultural Education Center, Room 10B41
Albany, New York 12230

Check for \$5.00 payable to the State Education Department must accompany application.