



**NORTH CAROLINA RESPIRATORY CARE BOARD**  
1100 Navaho Drive, Suite 242  
Raleigh, NC 27609

**Request a Duplicate License Certificate and/or Card**

**Please Print**

Name on license: \_\_\_\_\_

License number: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_

FEES:        \$10.00 for wallet card – **Required**  
               \$20.00 for wall certificate – **Optional**

Payment: personal check, money order, or certified bank check – **NO CASH**

Mail this form, document, and payment to:  
NCRCB  
1100 Navaho Drive  
Suite 242  
Raleigh, NC 27609

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date