

Commonwealth of Massachusetts
BOARD OF REGISTRATION IN MEDICINE
560 Harrison Avenue, Boston, MA 02118 – (617) 654-9810 www.massmedboard.org

LOST, STOLEN OR MISPLACED WALLET SIZED CARD

Please submit the following:

- A personal check or money order for \$18.00, made payable to the Commonwealth of Massachusetts.
- An explanation for the loss of your wallet card and signature on the statement below.

Please explain the loss of your wallet card: _____

I have made every reasonable attempt to locate my wallet card to no avail. I declare under the pains and penalties of perjury that my statements are true and correct.

_____/_____/_____
Signature Date

PRINT NAME: _____ LICENSE #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please forward the completed form with your check for \$18.00 to the Board of Registration in Medicine at the above listed address. Thank you.

For Office use only

Date Received: ____/____/____ Date Completed: ____/____/____

Completed by: _____