

**MARK PARKINSON**  
Governor

**PHYLLIS GILMORE**  
Executive Director



712 S. Kansas Ave.  
Topeka, Kansas 66603-3817  
(785) 296-3240  
FAX (785) 296-3112  
[www.ksbsrb.org](http://www.ksbsrb.org)

**BEHAVIORAL SCIENCES REGULATORY BOARD**

**Replacement License Order Form**

Wall certificate and/or billfold card

Please complete this form and return to the board office at the address listed above. You must include the appropriate fee paid by cash, check, or money order made payable to Behavioral Sciences Regulatory Board or BSRB, or credit card. Your order cannot be processed without the fee.

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

Last 4 digits of social security number: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Please check the item/s you are requesting:

Wall Certificate, cost \$20.00 \_\_\_\_\_

Billfold Card, cost \$2.00 \_\_\_\_\_

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

Date \_\_\_\_\_

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**Credit Card Payment Form**

**Only complete when paying by credit card.**

*The credit cards accepted are American Express, Discover, MasterCard and Visa.*

Amount of Purchase: \$ \_\_\_\_\_

Credit Card: American Express \_\_\_\_\_ Discover \_\_\_\_\_  
MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Acct. # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_ / \_\_\_\_

Name as it appears on the card \_\_\_\_\_

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

**For Office Use Only:**

**Approval Number** \_\_\_\_\_ **Date** \_\_\_\_\_