



LOUISIANA PROFESSIONAL ENGINEERING AND LAND SURVEYING BOARD

# Request for Duplicate/Replacement Certificate

**Download and complete form. Fee is \$30 per certificate. Email with payment form to [janet@lapels.com](mailto:janet@lapels.com), or mail to:**

**LAPELS**

**ATTN: Janet Lindsey - Certificate Order**

**9643 Brookline Avenue, Suite 121, Baton Rouge, LA 70809**

Date of Request:

Name (First, MI, Last):

LA Engineering License/Certificate #:

LA Surveying License/Certificate #:

Reason for request: (check all that apply)	Never received Other:	Damaged	Need additional copies	Name Change
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Preferred **Public** Address:

Street Address:

City: State: Zip:

Country:

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Preferred **Mailing** Address:

Street Address:

City: State: Zip:

Country:

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Home Phone:

Work Phone:

Cell Phone:

Email Address (work):

Email Address (home):

I certify that the information above is true and correct.

Print Name

Date



# Credit Card Authorization Form

All information will remain confidential.

Cardholder Name:

Name on Application:

*(if different from credit card holder)*

Billing Address:

City:

State:

Zip Code:

Phone Number:

Email:

Credit Card Type:

Visa

MasterCard

Discover

American Express

Credit Card Number:

Expiration Date:

Card Identification Number (3 digits on back of Visa/MC/Discover, 4 digits on front of AMEX):

Amount to Charge (USD):

Fee: \$

Service Fee: \$

Total: \$

**I authorize LAPELS to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.**

**Cardholder**: Print Name and Date below

Electronic signature:

*(type your name)*

Date:

Once signed, email with the completed application to [janet@lapels.com](mailto:janet@lapels.com), or return by mail with the completed application to the following address:

**LAPELS**

**ATTN: JANET LINDSEY - CERTIFICATE ORDER**

**9643 BROOKLINE AVENUE, SUITE 121**

**BATON ROUGE, LA 70809**

OFFICE USE ONLY

Application Type \_\_\_\_\_

Confirmation Number \_\_\_\_\_



# Electronic Check Authorization Form

## (U.S. Banks only)

All information will remain confidential.

Name on Account:

Name on Application:

(if different from account holder)

This is a business account

This payment is for a/an:

Billing Address:

City:

State:

Zip Code:

Country:

Phone Number:

Email:

Checking

Savings

Routing Number:

Account Number:

Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records. By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:

1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.
3. Louisiana Interactive or its agent is authorized to electronically debit the bank account shown above, and if necessary, to credit such account to correct any erroneous debits using an Automated Clearing House ("ACH") debit entry.
4. This ACH debit authorization will remain in full force and effect for this single debit entry only.
5. Louisiana Interactive or its agent may re-debit my account for the payment in the event such is dishonored by my financial institution, and is additionally authorized to charge the maximum return item processing fee according to the laws governing Louisiana Interactive's state.
6. For inquiries relating to this electronic debit authorization, including revocation of this authorization, I may contact Louisiana Interactive at 225-325-5450.
7. I understand the Originating ID for this transaction is "1522077581". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing Louisiana Interactive's state.

Amount to Charge (USD):

Fee: \$

Service Fee: \$

Total: \$

Electronic signature:

(type your name)

Date:

Once signed, email with the completed application to [janet@lapels.com](mailto:janet@lapels.com), or return by mail with the completed application to the following address:

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**ATTN: JANET LINDSEY - CERTIFICATE ORDER**

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