

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, or mail to:

**LAPELS** 

ATTN: Janet Lindsey - Certificate Order
9643 Brookline Avenue, Suite 121 Baton Rouge,
LA 70809

Date of Request:								
Business Name:								
LA Engineering/Surveying Firm License #:								
Preferred <b>Public</b> Address:								
Street Address:								
City:	State:	Zip:						
Country:								
Preferred <b>Mailing</b> Address:	Address: Same as Public:							
Street Address:								
City:	State:	Zip:						
Country:								
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 Co	ode:			
Phone Number:		Email:					
Credit Card Type:	Visa	MasterCard	Discover	American Express			
Credit Card Number:							
Expiration Date:							
Card Identification Num	nber (3 digits or	n back of Visa/MC/Dis	cover, 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.							
<u>Cardholder</u> : Print Name	e and Date belo	w					
Electronic signature: (type your name)			Date:				
Once signed, email with completed application	•	• •	@lapels.com, o	r return by mail with the			
LAPELS ATTN: JANET LINDSEY - 9643 BROOKLINE AVEN BATON ROUGE, LA 708	UE, SUITE 121	RDER	Application <sup>-</sup>	OFFICE USE ONLY  Type  n Number			

## Electronic Check Authorization Form (U.S. Banks only)

All information will remain confidential.

		VIII	2/////	Discount	
Name on Accour	nt:				
Name on Applica (if different from a This is a b		•	This paymer	it is for a	a/an:
Billing Address:					
City:			State:		Zip Code:
(	Country:				
Phone Number:			Email:		
Checking	Savings	Routing Numbe	er:		Account Number:
your records. By c agree and stipulat 1. I am the lega be used fo 2. Such bank ac 3. Louisiana Int credit such 4. This ACH deb 5. Louisiana Int financial in the laws g 6. For inquiries Louisiana 7. I understand released a	hecking "' e to all sta il owner, ha or payment count is operactive or n account to it authorizeractive or nstitution, overning L relating to linteractive the Origin ny debit bl at ACH tran	Yes" and opting to pay by atements: ave power of attorney, or have power of attorney, or have power of attorney, or have power its agent is authorized to el o correct any erroneous delation will remain in full force its agent may re-debit my and is additionally authorized ouisiana Interactive's state. This electronic debit author at 225-325-5450. ating ID for this transaction ocks (if applicable) for this I is actions I (we) authorized of	r electronic do ave legal authoritanding and ablectronically debits using an Alee and effect for account for the ed to charge the rization, including "152207758" D to ensure sur	ebit agai erity in rel ole to acceptit the be- utomated or this sing payment e maximuting revocations. Please ccessful p	ank account shown above, and if necessary, to d Clearing House ("ACH") debit entry. gle debit entry only. t in the event such is dishonored by my um return item processing fee according to sation of this authorization, I may contact e make sure your banking institution has
Amount to Charg Fee: Service F Total:	Ş	; ;	Electronic s (type your no	•	re:
_		the completed applicat the following address:	-	@lapels	s.com, or return by mail with the
LAPELS ATTN: JANET LIN 9643 BROOKLIN		ERTIFICATE ORDER IE, SUITE 121			OFFICE USE ONLY

**Application Type** 

Confirmation Number

**BATON ROUGE, LA 70809**