



# MSP Licensing Division Modification and Replacement Request Form



This is a request for a (select one):

Date of Request (MM/DD/YYYY):

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

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Existing Permit Number: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Reason for Request (If more space is required please attach additional pages):

Only requests for replacements of **lost** or **stolen** permits require this form to be notarized. Notarization is not required for all other requests. Please have the Notary sign and stamp below:

\_\_\_\_\_  
Notary Name and Date