

LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD  
OF EXAMINERS

3108 CLEARY AVENUE, SUITE 207  
METAIRIE, LOUISIANA 70002

REQUEST FOR DUPLICATE WALLET CARD

I, \_\_\_\_\_, Social Security # \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_, am requesting a duplicate wallet card for the reason(s) stated below:

---

---

(Please attach supporting documentation if applicable)

I declare that the statement appearing on this request is accurate and true to the best of my knowledge. I also understand that a false statement knowingly made by me may be cause for revocation or suspension of my license to practice Radiologic Technology in the State of Louisiana.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Current mailing address:

\_\_\_\_\_  
Number/street/apt#

Change of address

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
City/state/zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

**DUPLICATE WALLET CARD REQUEST FEE OF \$5.00 MUST BE INCLUDED WITH THIS REQUEST. CHECK OR MONEY ORDER ONLY. DO NOT SEND CASH THROUGH THE MAIL.**

**DOWNLOAD, PRINT OUT, FILL OUT AND MAIL THIS REQUEST TO THE LOUISIANA RADIOLOGY BOARD. PLEASE ALLOW 5 (FIVE)-WORKING DAYS TO PROCESS THIS REQUEST.**