TO BE ACCOMPLISHED PERSONALLY BY THE PROFESSIONAL RENEWAL DUPLICATE

Republic of the Philippines Professional Regulation Commission Manila

Paste here your recent

REPRINT	APPLICATION FOR PROFESSIONAL IDENTIFICATION CARD			PASSPORT SIZE colored picture in white background with complete name tag
CHANGE OF NAME (APPI				
NAME:Last Name		First Nama	Middle Name	,
PERMANENT MAILING ADDRESS:		First Name	Wildule Name	
DATE FILED:	PROFESSION:		EXAM DATE:	
DATE FILED:	LICENSE NO:		EXPIRATION DATE	E:
CITIZENSHIP:	BIRTH DATE:		TEL. No./CP No	(mm/dd/yy)
This is to certify that all the inforr	nation above are true and cor	rect. (mm/dd/yy)		
			SIGNATURE OF	LICENSEE
YLP FROM: TO:	P/	FOR PRC PROCESSING		
			O.R. No. :	
TOTAL AMOUNT:		Date [.]	Issued by:	
VERIFIED AND ASSESSED BY:				
PLEASE FILL OUT THIS CLAIM SLIP		D CLAIM SLIP		
SSUED BY:			DATE FILED:	
NIANAE:		AMOUNT		
PROFESSION:		OR NO.		
LICENSE NO.		DATE PAID		
APPLICATION TYPE: RENEWA	L DUPLICATE	REPRINT	CHANGE OF NAME	
Please present this slip to claim your p	rofessional ID on		at Window _	
(NOTE: REPRESENTATIVE WITH PRO				
THE REGISTERED PROFESSIONAL A	ND THIS ORIGINAL CLAIM	SLIP.) FOR CONFIRMA	TION PLEASE CALL UP (02) 736-	22-48.

PROCEDURES

- **Step 1**. Present duly accomplished form together with the requirements at Assessment Windows Window 16 Window 18
- Step 2. Pay prescribed fees at the Cashier
- Step 3. Get your claim slip at Windows 16, 18 and 30
- **Step 4.** Claim your professional license as scheduled. Please refer to your claim slip for further instructions.

REQUIREMENTS

- 1. Duly accomplished form
- 2. Two (2) pcs passport size picture: close up, colored, white background with complete name tag
- 3. Photo/xerox copy of recent professional ID card
- 4. In case of **LOST** professional ID card which is still current, the applicant shall submit notarized **Affidavit of Loss**
- 5. In case of **DESTROYED** professional ID card, the applicant shall surrender the destroyed card

NOTE: As the authorized representative, I assume direct and full responsibility/liability for the security of the professional ID.

Signature over Printed Name of REPRESENTATIVE