



# IDHHC

528 South Fifth Street, Suite 209, Springfield, IL 62701  
217/557-4495 (V/TTY) \* 217/303-8010 (VP) \* [www.state.illinois.gov](http://www.state.illinois.gov)



## REQUEST FOR DUPLICATE LICENSE/LEVEL UPGRADE

*Important Notice:* If the name shown on your supporting documents is different from that shown on your application, you must submit the required documents for Proof of Name Change.

1. Name printed on license (Last, First, Middle)		Sign Language Interpreter License #	
2. Street Address	City	State	Zip Code

### **STEP ONE:**

Reason for requesting a replacement license:

- Original license lost or destroyed
- Name Change
- Change of license type or Proficiency Level Upgrade

### **STEP TWO:**

For Name Change

- Copy of Marriage Certificate
- Copy of Divorce Decree
- Copy of Court Order

### **STEP THREE:**

For Change of License Type or Proficiency Level

- Proof of new certification/assessment level.

### **STEP FOUR:**

Include the **required fee** pursuant to Section §1515.70

- \$25 for Duplicate License – Checks or money orders payable to IDHHC.

*Note: A fee is **NOT** required if you are only changing your name and do **NOT** want a new license card printed with the name change.*

**ALL OTHER requests must include the \$25 NON-REFUNDABLE fee with this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date