



REQUEST FOR DUPLICATE CERTIFICATE

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

[Grid of 26 boxes for last name]

LAST NAME

[Grid of 12 boxes for first name]

FIRST NAME

[Box for MI]

MI

[Box for Gender]

GENDER

[Grid of 9 boxes for Social Security Number]

SOCIAL SECURITY NUMBER

[Grid of 6 boxes for Birth Date]

BIRTH DATE (Month-Day-Year) - Required

[Grid of 20 boxes for Address (Street)]

ADDRESS (Street)

[Grid of 4 boxes for Apt. #]

Apt. #

[Grid of 15 boxes for City]

(City)

[Grid of 2 boxes for State]

(State)

[Grid of 5 boxes for Zip Code]

(Zip Code)

FORMER LAST NAME(S)

[Grid of 12 boxes for Home Phone]

(Home)

[Grid of 12 boxes for Work Phone]

(Work)

Race/Ethnicity

(Optional)

- 1. Native American
- 2. Asian/Pacific Islander
- 3. Black
- 4. White
- 5. Hispanic

E-MAIL ADDRESS _____

1. Type of certificate held:
2. Identify endorsements on your certificate.

ENDORSEMENT #1

[Grid of 3 boxes for Endorsement #1]

ENDORSEMENT #2

[Grid of 3 boxes for Endorsement #2]

ENDORSEMENT #3

[Grid of 3 boxes for Endorsement #3]

ENDORSEMENT #4

[Grid of 3 boxes for Endorsement #4]

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must submit, periodically, a database of applicants for an initial issuance of a certificate, authorization or permit to the State Police Bureau of Investigation for a criminal history record check. Each applicant seeking an initial issuance or renewal of a certificate, authorization or permit must also submit to a records check of the Department of Children and Families' child abuse and neglect registry established pursuant to Connecticut General Statutes Section 17a-101k. In addition, the State Board of Education is required to submit periodically for criminal history records check the database of all persons who hold any certificate, authorization or permit.

ORIGINAL SIGNATURE OF APPLICANT: [Signature Line]

DATE: [Date Line]

Original Signature Must Be On The Form Submitted

ED 187

REV. 12/18

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Standards and Certification

P.O. Box 150471

Hartford, CT 06115-0471

www.ct.gov/sde/cert

INSTRUCTIONS TO REQUEST FOR DUPLICATE CERTIFICATE

- a. Complete application on the reverse side.
- b. Sign and date this form.
- c. Enclose a money order, cashier's check or certified bank check in the amount of \$50 **per copy requested**, payable to "Treasurer, State of Connecticut."
- d. Return completed form to the Bureau of Educator Standards and Certification.