



KENTUCKY BOARD OF SOCIAL WORK
125 Holmes Street, Suite 310
Frankfort, Kentucky 40601
(502) 564-2350

ADDITIONAL WALL CERTIFICATE REQUEST FORM - \$25 fee

License Number: _____

Social Security Number: XXX-XX-____

Date of Birth: ____ / ____ / ____

Email address (**required**): _____ @ _____

Name: _____

Signature: _____

Date: _____

Include \$25 check or money order made **payable to The Kentucky State Treasurer**

Mail this form and \$25 fee to the address above

Name Change (if applicable)

Reason: _____

First Name: _____

Middle: _____

Last Name: _____

Home Address Change (if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Address Change (if applicable)

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____