

Date: _____

New York State Department of Labor
Division of Safety and Health
License and Certificate Unit
Building 12, Room 161
State Campus
Albany, NY 12240

To Whom It May Concern:

This letter serves as notice that the hard card license issued to the following individual was lost.

Name: _____

SS#: _____

DMV#: _____

Address: _____

City, State, Zip: _____

Respectfully,

Signature

State of:

County of:

Sworn to before me this _____ day of _____, _____.

Notary Signature: _____