



New Jersey Office of the Attorney General

Division of Consumer Affairs
Elevator, Escalator, and Moving Walkway
Mechanics Licensing Board
124 Halsey Street, 6th Floor, P.O. Box 45054
Newark, New Jersey 07101
(973) 504-6260

Duplicate License Form

Please complete this form and return it to this office, together with the \$25.00 fee. Please submit a check or money order, payable to the State of New Jersey.

Please check one: ☐ Lost ☐ Destroyed ☐ Misplaced ☐ Stolen ☐ Never Received

Name: _____

License number: _____

Address of record: _____

Mailing address: _____

Date of birth: _____

Telephone number (include area code): _____

E-mail address: _____

Signature

Date

*The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered your "address of record." If you do not indicate which address should be used as your **public** address of record, your mailing address will be considered your address of record. *A Post Office Box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.*