**Affidavit of Lost or Replacement Mixologist/Server Permit**

Please print and complete the following information. Check MAST Permit Checker for your class date, permit expiration date, permit number, and more at: <https://lcb.wa.gov/mastrvp/mast-permit-checker>

LOST PERMIT: \_\_\_\_ NAME CHANGE: \_\_\_\_ PERMIT NUMBER IF KNOWN:

DATE OF ORIGINAL CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFIED FOR CLASS 12: \_\_\_ CLASS 13: \_\_\_\_

**Your name on the permit must match the name on the ID (such as driver’s license)**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORMER NAME:

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE INITIAL:

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:

PRESENT MAILING ADDRESS:

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP + 4: \_\_\_\_\_\_\_\_\_\_\_\_--

SEX: M \_\_\_ F \_\_\_ HEIGHT: \_\_\_\_\_\_\_ WEIGHT: \_\_\_\_\_\_\_ PHONE # :(\_\_\_\_\_\_)

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # :(\_\_\_\_\_\_)

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that the untruthful or misleading answers are cause for rejection of my application and/or revocation of any certification granted.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send $5.00 to**: WSLCB, MAST Coordinator

P O Box 43085

Olympia WA 98504-3098

**Note**: Per Agency Policy #565, customers who submit a returned check are required to pay a $30 fee and must make full restitution within 30 calendar days. If a non-licensed customer does not make full restitution of the returned check within 30 calendar days, the check shall be sent to a collection agency. **Make check payable to WSLCB**

WSLCB Use Only Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rec’d by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Data Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_