



## Affidavit of Lost or Replacement Mixologist/Server Permit

Please print and complete the following information. Check MAST Permit Checker for Permit number, Provider and Trainer information at <http://www.liq.wa.gov/licensing/mast-permit-checker>

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

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

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: \_\_\_\_\_