



Affidavit of Lost or Replacement Mixologist/Server Permit

Please print and complete the following information. Check the [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: _____ --

EMAIL ADDRESS: _____

SEX: M F X HEIGHT: ____ WEIGHT: ____ PHONE # : (____) _____

EMPLOYER: _____ PHONE # : (____) _____

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

SIGNATURE: _____ DATE: _____

Please mail the completed form and \$5.00 check or Money Order to:

WSLCB, MAST Coordinator
PO Box 43085
Olympia, WA 98504-3085

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 checks payable to WSLCB.

WSLCB Use Only Receipt #: _____

Expiration Date: _____ Issued Permit #: _____