**Application to Replace MAST Permit**

Please complete the following information, print and sign this form. You can utilize the [MAST Permit Checker](https://lcb.wa.gov/mastrvp/mast-permit-checker) on our website to verify information on file, including your permit number. Be sure the information below matches the information on your state issued ID.

**Reason for replacement**: **Lost/Destroyed: Name Change: Gender Designation Change:**

|  |  |
| --- | --- |
| **Permit Number:** | |
| **Last Name:** | **Former Last Name:**  (if changing) |
| **First Name:** | **Middle Initial:** |
| **Date of Birth:** | **Gender Designation: M  F  X** |
| **Email Address:** | **Phone #:** |
| **Mailing Address:** | **City:** |
| **State:** | **ZIP Code:** |
| **Employer:** | **Employer Phone #:** |

**Please mail the completed form and a $5.00 check or Money Order payable to WSLCB, to:**

WSLCB, MAST Coordinator

PO Box 3724

Seattle, WA 98124-3724

**By appointment, you may visit our office during hours open to the public. Contact (360)664-1727 or (360)664-1728 to schedule.**

I certify under penalty of perjury that all answers 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: Click or tap to enter a date.

WSLCB Use Only Receipt #:

Expiration Date: Issued Permit #: