**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 #: