Colored picture

in plain white background taken within the last 6 months

|  |  |
| --- | --- |
|  | **Professional Regulation Commission** |
| **APPLICATION FOR DUPLICATE COPY OF PROFESSIONAL IDENTIFICATION CARD (PIC)** |

**TIME RECEIVED:** \_\_\_\_\_\_\_\_\_\_\_\_

**TIME RELEASED:** \_\_\_\_\_\_\_\_\_\_\_\_

**APPOINTMENT DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLACE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**O.R. NO. / DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TEL No./CP No.:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

**MAIDEN NAME (if married):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PROFESSION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LICENSE NO.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

I agree to the PRC Privacy Notice and give my consent to the collection and processing of my personal data in accordance thereto.

I further attest that all particulars and supporting documents provided by me are correct and complete. I am aware that any false statement or fraudulent document will lead to the rejection of my application or to the cancellation of my PIC already issued, and may also render me liable under applicable administrative and criminal laws.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OVER PRINTED NAME

**Basic Requirements:**

1. Duly accomplished application for duplicate copy of PIC
2. Affidavit of Loss or submission of damaged PIC

**Requirements for Authorized Representative:**

1. Non-registered professional must present any valid government-issued ID and Special Power of Attorney (SPA) duly executed individually by the applicant.
2. Registered professional must present a valid Professional Identification Card/e-PIC and authorization letter duly signed by the concerned applicant.

**Procedures:**

1. On the appointment date, proceed to the appointment place and submit the duly accomplished application for duplicate copy of PIC and all documentary requirements to the designated window of the concerned PRC Regional Office/Offsite Service Center for processing of documents; and
2. Receive duplicate PIC and sign on the releasing log sheet.

**PRD-28**

**Rev. 00**

**June 5, 2023**

**Page 1 of 1**