



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.aspx#Q8>

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: _____