



Saskatchewan Registered Nurses' Association  
 2066 Retallack Street  
 Regina, SK S4T 7X5 Canada  
 306-359-4200 Toll Free 1-800-667-9945 Fax 306-359-0257  
 Email: info@srna.org www.srna.org

**Duplicate Licence Request**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Former Last Name(s) \_\_\_\_\_

RN Number (if available) \_\_\_\_\_ Date of Birth (y/m/d) \_\_\_\_\_  Female  Male

Home Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Previous Address (if changed) \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ This email is  Home  Work

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Licence replacement is for RN \_\_\_\_\_ or GN \_\_\_\_\_ or RN(NP) \_\_\_\_\_ licence

Request for Membership Year \_\_\_\_\_

- I did not receive my licence in the mail.
- I misplaced my licence.
- My licence was stolen.
- Other: Provide explanation \_\_\_\_\_

I certify that the information I have provided on this form is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*SRNA keeps track of all missing licences in our database.