



**NORTH CAROLINA BOARD OF DIETETICS/NUTRITION**

1500 Sunday Drive, Suite 102, Raleigh, NC 27607  
(919)861-5580, Fax (919)787-4916

**AFFIDAVIT OF DESTROYED PROPERTY OF  
THE NORTH CAROLINA BOARD OF DIETETICS/NUTRITION**

**Any falsification of this form will be subject to disciplinary action by  
The North Carolina Board of Dietetics/Nutrition.  
Please complete form and have notarized**

License Identification Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that my North Carolina License  
(Name)

Certificate granted to me on \_\_\_\_\_ was (lost/destroyed) as of \_\_\_\_\_  
(Date) (Date)

I have made a diligent search for this certificate and have been unable to locate it. I affirm that should this certificate be located, I will immediately return it to the North Carolina Board of Dietetics/Nutrition at 1500 Sunday Drive, Suite 102, Raleigh, North Carolina 27607.

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

.....

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal of Notary

\_\_\_\_\_

Signature of Notary Public