



# REQUEST FOR DUPLICATE CERTIFICATE

STUDENT NAME		LICENSE #	
STUDENT ADDRESS	CITY	STATE	ZIP
EXPLAIN IN DETAIL HOW THE ORIGINAL CERTIFICATE OF COMPLETION WAS LOST OR STOLEN.			

Please check which certificate is being requested:

- Certificate of Completion
- Certificate of Completion for Online (applicable for online providers only)
- Certificate of Enrollment (applicable for online providers only)

TO BE COMPLETED BY SCHOOL OWNER/MANAGER			
Provide the following information on the student listed above.			
NAME OF SCHOOL			
NAME OF OWNER / MANAGER SUPPLYING INFO			
DATE OF STUDENT AGREEMENT	DATE TRAINING BEGAN	DATE TRAINING ENDED	
ORIGINAL CERTIFICATE OF COMPLETION #		DUPLICATE CERTIFICATE #	

## STUDENT CERTIFICATION

I hereby certify that the information contained in this document is true.

SIGNATURE OF PARENT <b>X</b>	DATE
SIGNATURE OF STUDENT <b>X</b>	DATE