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CERTIFICATION CARD REPLACEMENT

Please Return the Completed Form for Processing. Please Allow 24-36 Hours to Process Request.

CERTIFICATION CARD REPLACEMENT FEE: \$20.00

1. Course Participant's Name: _____
2. Course Participant's Phone Number & Email Address: _____
3. Training Date & Location: _____

If the requesting person is different from the participant's name, please provide your information.

Name of Requesting Person: _____ Phone: _____ Email: _____

Certification Card Replacement will be mailed via U.S.P.S.
Please provide mailing address:

PAYMENT AUTHORIZATION INFORMATION

- NAME ON CARD: _____
- DEBIT/CREDIT CARD NUMBER: _____
- EXPIRATION DATE: _____ SECURITY CODE: _____ CARDHOLDER'S ZIP CODE: _____

Please add an additional 10% Payment Processing Fee to the Total Amount Due: _____

By signing below, customer agrees to the listed terms & authorizes the amount due.

The terms include customer understands & approves the payment will be applied toward "Researching" the Certification Card Replacement Request & should the above request result in a lack of findings, customer is still obligated for the payment amount listed.

SIGNATURE: _____ DATE: _____

FOR ASSISTANCE, PLEASE CALL THE TRAINING CENTER: (623) 561-0068

TRAINING CENTER ADMINISTRATION HOURS: MONDAY-FRIDAY 9AM-4PM

Thank you for making AMERICAN EMERGENCY RESPONSE TRAINING your first choice in safety training.