

CERTIFICATE REPLACEMENT REQUEST FORM

Complete this form and mail to:

ESCO INSTITUTE

P.O. BOX 521

MOUNT PROSPECT, IL. 60056

(Or if paying by credit card, you may return this form by Fax)

Fax: 1(800) 546-3726

Tel: 1(800) 726-9696

I the undersigned request a replacement **Section 608 (Type I Type II Type III or Universal)** certification card:

I the undersigned request a replacement **Section 609 (Motor Vehicle Air Conditioning)** certificate:

I the undersigned request a replacement **R-410A** certification card:

I the undersigned request a replacement **HVAC Excellence** _____ certificate:
(Type Of Certification)

Check One

My certification card was lost or stolen.

My certification card was damaged.

My certification card is no longer legible.

Other _____

I have either enclosed a check or money order payable to ESCO INSTITUTE in the amount of fifteen (\$15) dollars, or my credit card information to cover the replacement and processing fee.

If more than one type of certification replacement is required, the replacement fee for each additional certification requested is \$15.

CREDIT CARD INFO VISA _____ MASTERCARD _____ AMEX _____ DISCOVER _____ (check one)

Person's Name (as it appears on credit card) _____

Account # _____ Expiration Date _____

Credit Card Security Code: _____
(VISA, MASTERCARD, DISCOVER 3 digits on back of card / AMEX 4digits on front of card)

Credit Card Bill To Address: _____ Zip: _____

Signature of credit card holder: _____

Please Print

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____ - _____

Social Security #: _____ - _____ - _____

Signature