

**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