



OFFICIAL PAPER CERTIFICATE ORDER FORM:

If you would like an official paper certificate to display, please complete this form and mail it to the address listed below with the appropriate payment.

Each Certificate is hand signed and stamped

PLEASE NOTE: NO REPLACEMENT CREDENTIALS ARE PRODUCED DURING YOUR RECERTIFICATION YEAR.

Date: _____ Date of Birth: _____

OTC® Certification Number: _____ OT-SC™ Certification Number: _____

Please send me ___ Official paper certificate(s). I have included the payment of \$50.00 per credential I am requesting.

Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____@_____

Daytime Telephone Number (with area code):_(_____)_____

Signed: _____ Date: _____

Acceptable forms of payment include US bank issued check or Money Order. Payable to NBCOT, Inc. (NO PERSONAL CHECKS NO CREDIT CARDS)

Please allow up 4 Business weeks for delivery

Mail this form and mail with your payment to:

NBCOT, Inc.

Attn: Paper Certificate Request

PO Box 349

Crompond, NY 10517-0349