

## **Replacement Certification Photo ID Card ORDER FORM**

If you need to replace a lost, stolen or damaged Photo ID Card, please complete this form, and mail it to the address listed below with the appropriate payment.

\*If your card was lost or stolen, please submit your police report to avoid Identity Theft of your credential. \*\*\*You must have been previously issued a Photo ID Certification Card in order to obtain a replacement. \*\*\*Replacement Certificates, Wallet Cards or Photo ID Certification Cards are not issued during the year that your credential (s) is due to expire. ☐ OTC® Certification Number: \_\_\_\_\_ ☐ OT-SC™ Certification Number: \_\_\_\_\_ ☐ Please send me \_\_\_\_\_ Photo ID Card(s) as indicated below. I have included payment of \$25.00 for each Photo ID Card that I am requesting: \_\_\_\_\_: OTC® Photo ID Card \_\_\_\_\_: OT-SC™ Photo ID Card TOTAL PAYMENT ENCLOSED: \$\_\_\_\_\_ Acceptable forms of payment made payable to: NBCOT, Inc. US Bank issued Check (Teller Check, Official Check or Bank Money Order) US or Canadian Postal, Western Union, or MoneyGram Money Orders. NO PERSONAL CHECKS or Credit Cards will be accepted. Please PRINT: \*FULL LEGAL NAME: \_\_\_\_ Middle Last \*HOME Mailing Address: \_\_\_\_\_\_Apt./Unit \_\_\_\_\_ \*City: \_\_\_\_\_\_ Zip: \_\_\_\_\_ (Information above must match the information on your Certification record). \*Telephone/Cell Phone: (\_\_\_\_\_) \_\_\_\_-\_\_-Area code \*Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Mail this form with acceptable form of payment made payable to: **NBCOT, Inc.** 

Attn: Replacement ID Request 4736 Onondaga Blvd. #166, Syracuse, NY 13219-330

Please allow 4-6 Business weeks for receipt.