



Request for Duplicate/Replacement Certificate

I. Certificant Information

Please provide the following information about yourself and your certification so that the UPPCC may locate your certification record.

Full Name: _____ Date Submitted: _____
(Last Name) *(First Name)* *(M.I.)*

Provide original certificate name if issued under a different name than above: _____

If known, provide: Year when certification was earned: _____ Certificate Number: _____

II. Request the Certificate(s)

Please indicate the type and number of certificates you are requesting. Reprints of **certificates are \$20 (USD) each** and include standard shipping through the US Postal Service. Please allow a minimum of ten (10) business days for receipt of your order.

Order Quantity

_____ **CPPO** Certificate(s)

_____ **CPPB** Certificate(s)

Shipping Information (no PO Boxes please):

Phone: _____

The name printed on the certificate(s) should appear exactly as follows:

III. Fee Payment Information

Reprints of certificates are \$20 (USD) each and include standard shipping through the US Postal Service. Please allow a minimum of ten (10) business days for receipt of your order.

All forms of payment (check, money order, Visa, MasterCard, AMEX, or Purchase Order) must be made payable to the UPPCC in US currency. Please note that purchase orders are an acceptable form of payment if the purchase order document is included. Submit your completed request form to the UPPCC utilizing the contact information at the bottom of this form.

PAYMENT INFORMATION (Please print clearly.)

APPLICANT'S NAME: _____
METHOD OF PAYMENT: <input type="checkbox"/> CHECK/MONEY ORDER # _____ <input type="checkbox"/> PURCHASE ORDER # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX
CREDIT CARD #: _____ EXP: _____ AMOUNT: \$ _____ (USD)
CVV (For Visa/MC it is the last 3-digits on the back of the card or for AMEX it is the last 4-digits): _____
CARD HOLDER'S NAME: _____ CARD HOLDER'S PHONE: _____
CREDIT CARD BILLING ADDRESS: _____ _____ _____