



## REQUEST FOR DUPLICATE CERTIFICATE OF COMPLETION

STUDENT NAME		SOCIAL SECURITY #	
STUDENT ADDRESS	CITY	STATE	ZIP
EXPLAIN IN DETAIL HOW THE ORIGINAL CERTIFICATE OF COMPLETION WAS LOST OR STOLEN.			

TO BE COMPLETED BY SCHOOL OWNER/MANAGER		
Provide the following information on the student listed above.		
NAME OF SCHOOL		
NAME OF OWNER/MANAGER SUPPLYING INFO		
DATE OF STUDENT AGREEMENT	DATE TRAINING BEGAN	DATE TRAINING ENDED
ORIGINAL CERTIFICATE OF COMPLETION #	DUPLICATE CERTIFICATE #	

### STUDENT CERTIFICATION

I hereby certify that the information contained in this document is true.

SIGNATURE OF PARENT <b>X</b>	DATE
SIGNATURE OF STUDENT <b>X</b>	DATE