

CERTIFICATION CARD REQUEST FORM

Please complete this form and return to Colonial Crossroads Chapter of the American Red Cross. Payment must be included with this form. Certification requests can take up to two weeks to process. You will receive a confirmation e-mail or phone call when your card has been mailed.

Please check one:

- I took a class at the Colonial Crossroads Chapter and need a certification card
- I took a class at an authorized provider and need a certification card
- I lost/misplaced my card and would like my certification card reprinted

Person requesting card:

Name: _____ Relationship: _____

Address: _____

City, State & Zip Code: _____

Phone Number: Day _____ Evening _____

E-mail address: _____

Course Information:

All this information is vital to promptly locate proof of your certification. At a minimum you must provide the name and address of student along with the course name and location. If you cannot provide this information please contact the facility where the course was held to get this information.

Student's name at time of course: _____

Name of Course: _____

Name of Certifications Needed: _____

Date of Course(s) Completed: _____

Location of Course(s): _____

Instructor's Name: _____

Payment Information:

Please return this form with the \$10.00 administrative fee to the following address:

American Red Cross Health and Safety Department

695 Springfield Ave. Summit, NJ 07901

Fax: 908-273-9103 E-mail: healthandsafety@ccnjredcross.org

Checks should be made out to "American Red Cross Colonial Crossroads Chapter," please put "Certification Card" in the memo line.

Credit card payments may be mailed, e-mailed, or faxed, all other form of payment must be mailed or dropped off at the chapter house.

Cash Check Money Order

Credit Card: ___Master Card ___Visa ___Discover ___American Express

Account number: _____ Expiration date: _____

Account holder name: _____

Account holder address: _____

All replacement card requests will be handled in the order received.

Office use only:

Date received: _____

Payment received: _____

Date certification mailed: _____