

# CERTIFICATION CARD REQUEST FORM

Please complete this form and return to Colonial Crossroads Chapter of the American Red Cross. In order to process your request for a new card the class you attended must have been given or authorized by Colonial Crossroads Chapter. Payment must be included with this form. Certification requests take 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: \_\_\_\_\_

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 processing fee to the following address:

American Red Cross Health and Safety Department

695 Springfield Ave. Summit, NJ 07901

Fax: 908-273-2076 E-mail: [healthandsafety@ccnjredcross.org](mailto: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: \_\_\_\_\_