

NY - MISSING CERTIFICATE REQUEST

PLEASE USE THIS FORM IF:

THE STUDENT **NEVER RECEIVED** THE CERTIFICATE
AND THE CLASS WAS COMPLETED **WITHIN THE PAST 60 DAYS**OR:

THE CERTIFCATE WAS RECEIVED BUT HAS A <u>DATA ENTRY ERROR</u> REQUIRING CORRECTION AND THE CLASS WAS COMPLETED <u>WITHIN THE PAST 60 DAYS</u>.

(Please note that errors made by student or school require a \$10.00 fee for the requested change and you must use the <u>DUPLICATE REQUEST FORM.</u>)

To:	USA Training Company			
Fax:	512-34	6-0431		
From:	-			
Agency # & Name:				
Phone:				
Fax:				
Date of Request:		Pages included in fax:		
Attach a clear cop	y of the stud	lent's drivers lice	nse to this request.	
Correction(s) needed	on certificate	– Check any that ap	ply for reprocessing:	
☐ Correction on ☐ Other Student's Name		NY # to import into DMV's s ling Address Middle	Last	
(Please write full name)	riisi	winddie	LdSt	
Completion Date				
Drivers License #	(Lingues # :	as it appeared on certifi	icato megivad	
Correct Driver Licens	se #			
		ea if incorrect on certifi	icate previously received)	
Student's Mailing Ad	dress			
	,			

Duplicate certificates are mailed directly to the school unless otherwise noted.