

NY – DUPLICATE CERTIFICATE REQUEST

Today's Date	Completion Date (at least approx. date) / Agency #		
Student's Name:			
Print Address where certificate should be mailed:			
Street Address	City	State	Zip
Client or Motorist ID #			
Daytime Phone # ()	Print Name Person Requesting Duplicate Certificate		

Mail this request to USA Training, Box 26309, Austin, TX 78755-0309

**\$10 processing fee must be attached
Check or Money Order payable to "USA"**

*If paying by VISA, MasterCard or Discover, include expiration date on card
& 3-digit code on back of the card
& fax to **USA at 512.346.0431***

Charge my order to (circle one): Mastercard / VISA / Discover

Card #

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Expires: _____ 3 digit code: _____