



# 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 CERTIFICATE WAS RECEIVED BUT HAS A ***DATA ENTRY ERROR*** REQUIRING  
CORRECTION AND THE CLASS WAS COMPLETED ***WITHIN THE PAST 60 DAYS.***  
***(Please note that errors made by student or school require a \$10.00 fee for the  
requested change and you must use the DUPLICATE REQUEST FORM.)***

To: USA Training Company

Fax: **512-346-0431**

From: \_\_\_\_\_

Agency # & Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Pages included in fax: \_\_\_\_\_

***Attach a clear copy of the student's drivers license to this request.***

Correction(s) needed on certificate – *Check any that apply for reprocessing:*

- Correction on student's name*** (name must be correct to import into DMV's system)
- Correction on Drivers License #***  
(Driver License # must be correct and a NY # to import into DMV's system)
- Correction on Student's Mailing Address***
- Other*** \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Please write full name) First Middle Last

Completion Date \_\_\_\_\_

Drivers License # \_\_\_\_\_  
(License # as it appeared on certificate received)

Correct Driver License # \_\_\_\_\_  
(Only required if incorrect on certificate previously received)

Student's Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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