



# DUPLICATE/ REPLACEMENT CERTIFICATE REQUEST



Please complete and submit a separate form for multiple requests

Date: \_\_\_\_\_

Course code: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\$25.00 processing fee plus sales tax.

Payments by check: mail a completed order form, with check made payable to Cal OES to address listed below.

Credit card payments: scan and email a completed order form to email address listed below. A CSTI representative will contact you to obtain credit card information.

**Include your local sales tax**

City: \_\_\_\_\_ / County: \_\_\_\_\_ / Local sales tax: \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ Check #: \_\_\_\_\_