



# Replacement Certificate Order Form

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

Ship to Name: \_\_\_\_\_

Bill to Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Please print information clearly.

<i>QTY</i>	<i>Description</i>	<i>Net Each</i>	<i>Total</i>
	<i>4<sup>th</sup> Ed "Authorized" Climbing Safety &amp; Rescue Wallet ID Card</i>	<i>\$45.00</i>	
	<i>4<sup>th</sup> Ed "Competent" TS&amp;R Wallet ID Card</i>	<i>\$45.00</i>	
	<i>Competent Rigger Wallet ID Card</i>	<i>\$45.00</i>	
	<i>Instructor "Train the Trainer" Wallet ID Card</i> ___ <i>RIGGER</i> ___ <i>TS&amp;R</i>	<i>\$45.00</i>	

**A COPY OF CERT HOLDER'S DRIVER LICENSE OR OTHER ID MUST BE SUBMITTED WITH ORDER**

**SHIPPING AFTER PROCESSING:**  
 Regular Mail: FREE    Overnight: \$35

**Total:** \_\_\_\_\_  
**Shipping Charge (to the left):** \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

*Additional cert holder names can be submitted on a separate sheet*

Cert Holder Name: \_\_\_\_\_

Certifying Company: \_\_\_\_\_

Cert Holder Name: \_\_\_\_\_

Certifying Company: \_\_\_\_\_

### Payment Information

Visa                      MC                      AMEX                      Discover                      Check (Make payable to ComTrain)

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_