



## REPLACEMENT CARD/CERTIFICATE REQUEST FORM

### I the undersigned request a replacement:

- EPA Section 608 certification card.  
(Type I Type II Type III or Universal)
- EPA Section 609 certificate.  
(Motor Vehicle Air Conditioning)
- R-410A certification card.
- HVAC Excellence \_\_\_\_\_ certificate.  
(Type of Certification)
- Green Mechanical Council \_\_\_\_\_ certificate.  
(Type of Certification)

### Reason for Replacement:

- My certification card/certificate was lost or stolen.       My certification card/certificate was damaged.
- My certification card/certificate is no longer legible.       Other \_\_\_\_\_

### Your information: (Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Signature: \_\_\_\_\_

I have enclosed a check or money order payable to **ESCO INSTITUTE** in the amount of Twenty (\$20) dollars per card/certificate requested, or my credit card information is provided below to cover the replacement and processing fee.

**Please note: the replacement fee for each certification requested is \$20.**

### Payment Information:

- Check enclosed.       VISA     MASTERCARD     AMEX     DISCOVER

Name (as it appears on credit card): \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(VISA, MASTERCARD, DISCOVER 3 digits on back of card / AMEX 4 digits on front of card)

Credit Card Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

### Complete this form and mail to:

ESCO INSTITUTE  
PO BOX 521  
MOUNT PROSPECT, IL 60056  
(If paying by credit card, you may return this form by fax.)  
Fax: (800) 546-3726  
Phone: (800) 726-9696