

## National Driver Certification Program Duplicate Certificate/ID Card Request Form

\* Denotes required field. Failure to complete these fields may prevent us from processing your request.

\*Legal Name: \_\_\_\_\_  
(First) (Last) (Middle Initial) (Suffix)  
 \*Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_ M \_\_ F Applicant ID #: \_\_\_\_\_

### Personal Contact Information

\*Physical Mailing Address: \_\_\_\_\_  
(Number and Street Name) (City) (State) (Zip)  
 \*Personal Email: \_\_\_\_\_@\_\_\_\_\_ \*Home/Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Employer/Company Information

Are you sole or shared owner of this company? \_\_ Yes \_\_ No  
 \*Business Name: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_\_  
 \*Business Mailing Address: \_\_\_\_\_  
(Number and Street Name) (City) (State) (Zip)  
 \*Company Email: \_\_\_\_\_@\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Employer Communication

Please check this box to have your employer copied on all electronic communications regarding your certification status (renewal notices, status updates, etc.). Note, all physical notifications will still be directed to the registrant's personal contact information. Please see the disclosure below for more information.

In order to serve you in the most timely and efficient manner, the majority of our communication will be electronic via email. Should you chose, you can opt-out of email communication by checking below. Please note, those not receiving our email communications miss out on valuable certification program updates.

Opt-Out \_\_\_\_\_

### Pricing

Please check the appropriate service:

Duplicate Certificate	Delivery method	Cost	Check All Applicable
	PDF Copy via Email	\$5 processing fee	_____
	Hardcopy Paper	\$10 processing, shipping & handling	_____
<b>Duplicate ID Card</b>	Plastic ID Card	\$10 processing, shipping & handling	_____
<b>Optional Photo Insertion on ID Card</b>		Cost: \$15 Processing Fee	_____
Professional headshot must be submitted via email in electronic format (JPEG or TIFF), ID cards are not to be used as a form of identification. Please note, this processing fee is not refundable.			

### Payment Information

<i>Payment via Credit or Debit Card</i>	<i>Payment via Check or Money Order</i>
Email this form to: <a href="mailto:contact@traaonline.com">contact@traaonline.com</a> or Fax: (888) 392-9300	Please mail payment and registration form to:
Cardholder Name: _____ Company Name : _____ 16 Digit Card #: _____ - _____ - _____ Expiration Date: _____ Security Code: _____ Billing Zip Code: _____ Today's Date: _____ Signature: _____	TRAA 700 12 <sup>th</sup> St. NW, Ste. 700 Washington, DC 20005

#### Important details:

- Once submitted, this registration is non-transferable (assigned to the individual above) and all associated costs/fees are non-refundable.
- In accordance with FERPA guidelines, all communication between the NDCP Office and the registrant will be directed to the individual's personal contact information. The registrant retains all responsibility for communicating his/her certification status and other pertinent details to his/her employer (if applicable).