

ID 51 rev121417

Duplicate Certificate Request Form

NBCOT[®] VCVC certificate holders who are requesting a replacement certificate should use this form. To process this request, the following is required:

1. This completed form 2. The appropriate fee (\$100) 3. Proper documentation (For name changes only—see details bel	Fee: \$100			
Name (as it should appear on the certificate):				
Prior Name (if applicable):				
Address:				
City: State/Pr	rovince:			
Country: Postal C	Postal Code:			
E-mail:				
NBCOT Certification Number:				
Date of Birth:				
Reason for Replacement:	e Change			

For Name Changes: NBCOT requires legal documentation as evidence of a name change. This should be in the form of an official document—photocopied and in English. If the official document is not in English, you must submit a copy of the original document along with an official translation.

Types of accepted documentation (submit one): marriage certificate, divorce decree or court order

Please sign: I hereby authorize NBCOT to issue me a replacement VCVC Certificate.

Signature:	Signature: Date:				
Choose a Payment Method: Checks and money orders should be a	American Express 🗖	Discover	Visa on a U.S. bank		Mail form and payment
Credit Card Number:	_	_	_		and payment
Expiration Date (mm/yy):		3-digit CVV C	ode:		Regular mail:
Credit Card Holder:					NBCOT, Inc.
Card Holder's Billing Address:					One Bank Street, Suite 3 Gaithersburg, MD 20878
Signature of Cardholder:					
I authorize the amount indicat	ed above to be charg	ed to my credit	card.		