

# APPLICATION FOR A REPLACEMENT CFC CARD

## DIRECTIONS:

1. Complete this entire form to the best of your knowledge. Note that the date of the exam does not have to be exact. Please be as specific as possible.
2. Mail this form along with a \$10 check or money order made payable to **SBRE, Suite 208, 893 Highway 70 West, Garner, N.C. 27529.**
3. Please give us 7-10 days to process your request.

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Type Certification \_\_\_\_\_

Your Certification Number (if known) \_\_\_\_\_

## How Many Times and Where Did You Take the Examination?

	Date	School
1.	_____	_____
2.	_____	_____
3.	_____	_____