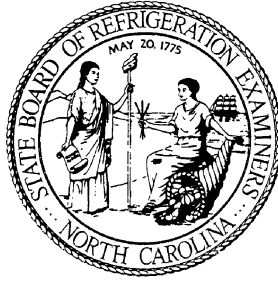


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APPLICATION FOR A REPLACEMENT CFC CARD

DIRECTIONS: Complete this entire form to the best of your knowledge. Note that the dates do not have to be exact. Please be as specific as possible.

Please allow 7-10 days to process your request.

Name _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____ Social Security Number _____

Certification Type: (please circle) Type I Type II Type III Universal

Your Certification Number (if known) _____

Where did you take the examination: _____

How many times and when did you take the examination: _____

Mail this form along with \$10 to **SBRE, Suite 208, 893 Highway 70 West, Garner, N.C. 27529.**

Method of Payment: Check Money Order VISA MasterCard

Card # _____ Exp. Date _____ Verification Code _____

Name on Card _____ Signature _____