



## Certificate Replacement Order Form

Name (as it should appear) \_\_\_\_\_

Name under which you were certified \_\_\_\_\_  
 (if different than above – attach legal documentation of name change)

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

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Year in which you became certified: \_\_\_\_\_ Certification number \_\_\_\_\_

Payments: There is a fee of \$30 for a replacement certificate. Checks and money orders (in US funds) should be made out to ABGC or you may pay by credit card.

Credit Card Payment:

Visa       MasterCard       American Express       Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder name \_\_\_\_\_

Signature \_\_\_\_\_ Total due: \_\_\_\_\_

Please send the completed form and payment to:

**ABGC**  
**PO Box 14216**  
**Lenexa, KS 66285-4216**  
**913.895.4617 (v) 913.895.4652 (f)**  
 E-mail: [info@abgc.net](mailto:info@abgc.net)  
[www.abgc.net](http://www.abgc.net)