

# Duplicate Certificate Form

Please provide as much information as possible. Print neatly.



**\*Required Information**

**\*Name:** \_\_\_\_\_

**\*Name of Workshop:** \_\_\_\_\_

**Date:** (Month/Day/\*Year) \_\_\_\_\_

**Instructor:** \_\_\_\_\_

Address where certificate needs to be sent:

**\*Street:** \_\_\_\_\_

**\*City/State:** \_\_\_\_\_

**\*Zip Code:** \_\_\_\_\_

**\*Telephone:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for duplicate certificate:  
\_\_\_\_\_  
\_\_\_\_\_

LMEP  
Attn: TAP Program  
4600 Valley Road  
Lincoln, NE 68510

**Fax** this form to:

402-483-2882

OR

**Mail** it with payment to the address above.

Call TAP at **402-483-4581** ext. 328 or ext. 282 for any questions you may have.

**\*PAYMENT TYPE:**

\_\_\_\_ Check enclosed, made payable to TAP, for the amount of \$5.00 per certificate

\_\_\_\_ Or please charge my: \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three-digit security code on back \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_