

# 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:

402-483-4594

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 \$10.00 per certificate

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

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

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

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

Signature \_\_\_\_\_