



NAFED Certification Program
Replacement Certificate Request Form

Please fill in your information.

Name (Last Name, First Name, M.I.)
Home Address – Street
Home Address – City, State, Zip Code
Home Phone Number (Include Area Code)
E-mail Address
Current Employer (Company Name)
Company Address – Street
Company Address – City, State, Zip Code
Company Telephone Number (Include Area Code)
Company Fax Number (Include Area Code)

Check the box(es) for the replacement certificate(s) you need.

- | | |
|---|--|
| <input type="checkbox"/> Portable Fire Extinguisher Technician Certificate | <input type="checkbox"/> Pre-Engineered Kitchen Fire Extinguishing Technician Certificate |
| <input type="checkbox"/> Pre-Engineered Industrial Fire Extinguishing Technician Certificate | <input type="checkbox"/> Engineered Suppression Systems Fire Extinguishing Technician Certificate |

Where should certificate(s) be sent? _____ Home _____ Company

A \$39.00 processing fee for each certificate must be included with the application.

I attest that the information I have provided on this application is true and accurate; any false information may be cause for denial or cancellation of any certification.

Signature _____ **Date** _____

Payment Method			
<input type="checkbox"/> CHECK ENCLOSED (payable to NAFED)	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
NAME ON CARD _____	ACCOUNT NUMBER _____		
SIGNATURE _____	EXPIRATION DATE _____		

Please mail or fax this form with payment to us:
 NAFED • 55 East Monroe Street, Ste. 1440 • Chicago, IL 60603 • Tel (312) 461-9600 • Fax (312) 461-0777 • www.nafed.org