



Course Completion Materials Replacement Form

In order for TSC Training Academy (TSCTA) to re-issue a course completion certificate or course completion card, your attendance and successful completion of our training program must first be verified*. For course completion cards, the card must be current. A photo I.D. must be provided at the time the completion certificate or card is released.

STUDENT INFORMATION

NAME

(AS IT APPEARS ON CERTIFICATE/CARD):

ADDRESS

EMPLOYER/AGENCY

(AT TIME OF TRAINING, IF APPLICABLE):

EMAIL ADDRESS

CONTACT PHONE NO.

*TSCTA reserves the right to decline a card duplication request if incomplete and/or inaccurate information is provided to locate original training record and if the card is expired.

DUPLICATE MATERIALS REQUESTED (SELECT ALL THAT APPLY):

DUPLICATE CARD:
(\$20 FEE PER REQUEST)

SUSPENDED SCAFFOLD

- 16HR USER
- 8HR USER REFRESHER
- 32HR SUPERVISOR
- 8HR SUPERVISOR REFRESHER

SUPPORTED SCAFFOLD

- 4HR USER
- 32HR INSTALLER/REMOVER
- 8HR INSTALLER/REMOVER REFRESHER

OTHER

- RIGGING**
- 16HR WORKER
 - 32HR SUPERVISOR

- SST
- COURSE NAME: _____

DUPLICATE CERTIFICATE:
(\$10 FEE PER REQUEST)

- COURSE COMPLETION
- CEUs

COURSE NAME(S):

of Cards Requested

of Certificates Requested

MATERIAL(S) RELEASE METHOD (SELECT ONE):

- IN-PERSON PICK UP - DATE _____
- MAIL TO ADDRESS BELOW (IF DIFFERENT THAN STUDENT'S ADDRESS)

PLEASE REVIEW REVERSE SIDE OF FORM
TO ENTER CREDIT CARD INFORMATION

OFFICE USE ONLY

- Approved
- Denied (See Below)
- Processed by:
- Processed on:

Reason :



COMPLETION MATERIALS REPLACEMENT Credit Authorization Form

ALL APPLICABLE SECTIONS OF FORM MUST BE FILLED OUT TO PROCESS THIS REQUEST.

Completed forms can be submitted in person or emailed to info@tscta.com. Fee for SST card issuance is non-refundable TSCTA reserves the right to decline SST card request(s).

# of Cards	<input type="text"/>
# of Certificates	<input type="text"/>

Total Amount to be Charged:	<input type="text"/>
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CREDIT CARD DETAILS

NAME OF PERSON PREPARING FORM

COMPANY NAME (IF APPLICABLE)

BILLING ADDRESS

CITY STATE ZIP

EMAIL

PHONE

CARD TYPE:

VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME

CARD NO.

EXP. DATE

VER. CODE

CARDHOLDER SIGNATURE

DATE

CREDIT CARD AUTHORIZATION

I, _____, acknowledge that by signing this form, I have given TSCTA permission to charge my account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to my account.

CARDHOLDER ACKNOWLEDGEMENT

By checking this box, the cardholder acknowledges receipt of goods and or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.