

Application for Replacement Certificate

Replace Certificate, check one: BTW _____ Classroom _____

Instructor's Name: _____

Reason for replacement request: _____

Student Information

Complete Name: _____
(first) (middle) (last)

Permit Number & Expiration: _____

Date of Birth: _____
(month) (day), (year)

Class Number Assigned to: _____

Date Course Completed: _____

Mailing Address: _____

Certificate Replacement Cost: **\$50.00**

Method of Payment: (check one)

_____ Check or Money Order _____ MasterCard _____ VISA

(card number)

(expiration month / year)

_____ (please print cardholder's name) _____ (cardholder's signature)

Make check or money order payable to: Accurate Driving LLC

Mail registration and payment to: Accurate Driving LLC, 3621 Kanaina Avenue, Honolulu, HI 96815

(prices are subject to change without notice)