

## 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: \_\_\_\_\_

Certificate Replacement Cost: **\$35.00**

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)