

# NCCER Credential Request Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1.  **Request Wallet Card Only: \$10.00**

· Wallet cards are merited when a level has been completed, an instructor certification is received, a written skills assessment exam is passed, and/or when an individual has achieved performance verified or certified plus status.

2.  **Request Packet: \$20.00**

- \* **Wallet Card**
- \* **Official Transcript**
- \* **Certificate**

This packet may or may not include all of the items listed above based on what our National Registry records indicate.

3. **Signature:** \_\_\_\_\_

Allow 10-14 days processing time, incomplete forms will delay processing.

## PAYMENT SECTION:

4.  Send a Money Order or Cashier's Check made Payable to: **NCCER**  
*Personal checks are NOT accepted.*

Pay by credit card:

Visa                       MasterCard                       Amex                       Discover

CVV Code: \_\_\_\_\_ **Billing Zip** \_\_\_\_\_  
(3 or 4 digit code on back of credit card) **Code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Please mail or fax this form to:**  
NCCER - Registry Department  
13614 Progress Blvd · Alachua, FL 32615  
Phone 888-622-3720 · Fax 386-518-6255