

Duplicate Wall Certificate Request

To request a duplicate wall certificate and wallet card, please complete this form, include payment and mail it to ANCC, PO Box 8785, Silver Spring, MD 20907-8785.

1. GENERAL INFORMATION

Previous Name (please print)

New Name (If applicable - Please attach copy of legal name change document.)

Address

Certification

Expiration Date

Signature

Date

2. PAYMENT

Fee: \$40.00 (non-refundable)

Personal Check/Money Order (payable to ANCC)

Amount Enclosed: _____

Charge Card (MasterCard or VISA only)

Amount to be charged: _____

Check here if this is an ATM/Debit card. See authorization below.*

Account Number

Exp. Date

Print Name on Card

Signature

**ATM/Debit Card users only:* I understand and agree that, by using an ATM/Debit card, I am authorizing ANCC to debit my account for the amount specified above. Further, I understand and agree that, if the ATM/Debit transaction fails or is declined, I am authorizing ANCC to complete the transaction as a credit card charge, if possible.

Please allow 4 weeks for delivery