The Professional Development Institute
2730 University Blvd, Suite 200,
Wheaton, MD 20902
301-949-1771 fax: 301-949-5441
www.pditraining.net

CERTIFICATE REPLACEMENT REQUEST FORM

Name (*print)*:_____

Address: _____

Daytime telephone no.: ( )_____ Email address: _____

License: _____
(State) (License number) (Type - real estate agent, etc.)

Full name of course I took & credit hours: _____

Type of original certificate I received & completion date (e.g., MD real estate agent, xx/xx/xx):
_____

I am requesting the following certificate(s):

□ **Additional, to obtain credit in another jurisdiction**. (If the course was approved for a different topic and/or different credit hours, a certificate indicating that approval will be provided. You must have scored at least 70% on the final to receive a certificate for MD real estate salespersons.)

Type of certificate desired:_____State: _____
(e.g., real estate agent)

□ **Replacement for lost certificate.**

Type of original certificate & credit hours:_____State:_____
(e.g., real estate agent, 3.0 hrs.)

□ **Replacement for erroneous certificate caused by my error.** (Fee applies. Enclose original with corrections.)

□ **Replacement for erroneous certificate caused by school's error.** (No fee if received within 14 days of date of postmark. Include envelope to establish eligibility for free replacement. Free replacements will be mailed promptly.)

□ **Corrected certificate due to enrollment on wrong site**. **(Enclose original.)**

Complete course name & credit hours: _____

Certificate I wish to receive: _____
(Type, e.g., real estate agent.) *(State)*

Fee: Total number of certificates requested, where fee applies _____ x $14.95 each = $_____

Payment: □ **money order**. (Certificates will be mailed in three weeks.)

□ **credit card/** (Visa and MasterCard are accepted. Credit card payments may be faxed to (301) 949-5441. Certificates will be mailed promptly.)

Credit card number:_____Expiration date: _____

Signature: _____