



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: **check** (Certificates will be mailed in three weeks.)

credit card/money order. (Visa, MasterCard and American Express are accepted. Credit card payments may be faxed to (301) 949-5441. Certificates will be mailed promptly.)

Credit card number: _____ Expiration date: _____

Signature: _____