Reissuance of Certification Certificate

Academy Avenue Academy Academ

There is a \$25 cost per certificate/occurrence for all non-members. Please complete this form to receive a duplicate certificate.

Mail, fax or email this form to:

ASATT, 7044 South 13th Street, Oak Creek, WI 53154-1429

continuingeducation@asatt.org • Phone: 414-908-4942 x116 • Fax: 414-768-8001

Name:	
Phone:	Email:
Name and date of Certificate(s) being repla	ced:
PAYMENT (NON-MEMBERS ONL'	Y) -
☐ Check or money order made payable t	o ASATT
□ Credit Card: □Visa □MasterCard	□American Express □Discover
Credit Card Number:	Expiration Date:
Card Holder Name:	
*I understand and accept that if electronically *Please allow 7-10 business days for this for	y submitted, my typewritten name constitutes my signature. In to be processed and the certificate(s) sent.
Authorized Signature:	