



OHIO DEPARTMENT OF PUBLIC SAFETY  
**REQUEST FOR DUPLICATE CERTIFICATE**

STUDENT NAME		LICENSE #	
STUDENT ADDRESS	CITY	STATE	ZIP
EXPLAIN IN DETAIL HOW THE ORIGINAL CERTIFICATE OF COMPLETION WAS LOST OR STOLEN.			

Please check which certificate is being requested.

- Certificate of Completion
- Certificate of Completion for Online (applicable for online providers only)
- Certificate of Enrollment (applicable for online providers only)

**TO BE COMPLETED BY SCHOOL OWNER / MANAGER**

Provide the following information on the student listed above.

NAME OF SCHOOL		
NAME OF OWNER / MANAGER SUPPLYING INFO		
DATE OF STUDENT AGREEMENT	DATE TRAINING BEGAN	DATE TRAINING ENDED
ORIGINAL CERTIFICATE OF COMPLETION #	DUPLICATE CERTIFICATE #	

**STUDENT CERTIFICATION**

I hereby certify that the information contained in this document is true.

SIGNATURE OF PARENT <b>X</b>	DATE
SIGNATURE OF STUDENT <b>X</b>	DATE