



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

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

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 OR STUDENT X	DATE
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NOTARY

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

X
SIGNATURE OF NOTARY PUBLIC

My Commission Expires _____