



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 Safe Pass		
NAME OF OWNER / MANAGER SUPPLYING INFO Robert Swinton		
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 X	DATE
SIGNATURE OF STUDENT X	DATE