



CREDENTIAL REQUEST FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please complete each of the following required steps. Allow 10-14 days processing time. Incomplete forms will delay processing.

1. Credentials requested (check all that apply):

- Wallet card - \$5.00 fee
- Transcript - no charge
- Certificate - no charge

2. Attach a copy of one of the following forms of photo ID. Please indicate which document is attached.

- Driver's license
- Military ID
- Passport

3. Include \$5.00 if you are requesting a wallet card. Send a money order or cashier's check made payable to NCCER. *Personal checks are not accepted.*

4. Signature \_\_\_\_\_

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Please mail this form to:

NCCER  
Attn: Credential Request  
3600 NW 43rd St, Bldg G  
Gainesville, FL 32606  
P 352.334.0911 • F 352.334.0929