

**OSHA TRAINING INSTITUTE  
Region IX Education Center**

College of Extended & International Education  
1000 East Victoria Street  
Carson, CA 90747  
310-243-2425 ~ FAX 310-516-3753

**Replacement Card Form**

*This form is for students/ trainers who have completed a course and need a replacement Card.*

**Instructions:**

- Fill out all appropriate information.
- Along with this completed form, please send \$25.00 per replacement card to:

***OSHA Training Institute  
California State University Dominguez Hills  
1000 East Victoria Street bld 1300  
Carson, CA. 90747***

Name: \_\_\_\_\_ **D.O.B** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**Payment**

Name that appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**TOTAL ENCLOSED: \$** \_\_\_\_\_

**Make checks payable to "CSUDH"**

**Please check the appropriate box:**

- Check
- MasterCard
- Visa
- Discover