

Monitor/Attendant Lost Certificate Request

Individual making request: _____ Phone: _____

Email address: _____

Records exist for school bus monitors and attendants who took the 10-hour Basic Course.

Please complete this form and **fax it to 315-703-1871**.

If you do not have a fax available, mail the completed form to: ***Safety Rules!***
118 Shirley Road
Syracuse, NY 13224

Include as much information about the monitor/attendant and course taken as you have available to you. **Please PRINT clearly.**

Name and last 4 digits of the SS# must match what they were **AT THE TIME OF THE COURSE!**

First name: _____ Middle Initial: _____ Last name: _____

Last 4 digits of Social Security Number: _____

Give us as much of the following as you know: Approximate course dates: _____

Course Location: _____ Instructor name: _____

If records exist to show that this individual did take the course identified above, a duplicate certificate will be issued. **Be sure to have the individual who took the course sign below.**

Please identify the name and address for the certificate to be mailed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Monitor/Attendant Signature: _____

Date: _____