



DUPLICATE CREDENTIALS REQUEST FORM (609)

To obtain a duplicate of your Refrigerant Recovery and Recycling certificate and wallet card, please submit this form with method of payment to:

ATTN: 609 Credential Reprints
ASE
1503 Edwards Ferry Rd. NE, Ste. 401
Leesburg, VA 20176
Fax (703) 669-6127

Name _____

Address _____

City _____ State _____ Zip Code _____

Last 4 Digits of SSN _____ ASE ID Number _____
(example: ASE-0000-0000)

Date of Birth (month/day/year) _____ Daytime Phone Number (including area code) _____

Duplicate credentials cost \$10.00 per person. Please indicate your method of payment. ASE is required to collect sales tax on applicable purchases in CO, HI, NJ, NM, NY, OH, SC, SD, TX, VA, WA, & WV.

Check _____ Money Order _____ Visa _____ MasterCard _____ Discover _____ American Express _____

Credit Card Number _____

Expiration Date (month/year) _____ Zip Code _____

Name of Cardholder (please print) _____

Signature of Cardholder _____