

### ATP/SMS Certificate Copy

This form may be used only by active ATP and/or SMS certificate holders who need a copy of their active certificate.

The cost for a copy of your ATP and/or SMS certificate is \$25

Name: \_\_\_\_\_ ATP/SMS initial or renewal date: \_\_\_\_\_

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

Home Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Organization: \_\_\_\_\_ Job title: \_\_\_\_\_

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

Business Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/postal: \_\_\_\_\_ Country: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Preferred address for USPS communications from RESNA:  home  business

Preferred Email Address: \_\_\_\_\_

### Payment information for \$25 copy

Check/Money order

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Sec. code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

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

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

Submit this completed form with payment to: RESNA  
1560 Wilson Blvd, Suite 850  
Arlington, VA 22209  
or fax to 703-524-6630  
or email to [certification@resna.org](mailto:certification@resna.org)