

CCCM - REPLACEMENT ID CARD REQUEST

(Must complete entire form and submit fee for Lost, Stolen or Damaged cards)

1. PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Drivers License number or other State issued ID # _____ State _____

Home Address _____ City _____

State _____ Zip Code _____ () Phone _____ () Fax _____

Email Address _____

2. CERTIFICATION TYPE

- GENERAL CERTIFICATION CCCI
- LIMITED CERTIFICATION

ENCLOSE FEE OF \$35 (Thirty-Five) Dollars, payable to *DIR, Elevator Safety Account*. All fees are non-refundable as provided by California Labor Code section 7311.4(b).

Was your original card: LOST STOLEN DAMAGED
(REQUIRED INFORMATION)

Provide evidence of identity: Photo ID/DL (copy) Passport (copy) Other photo ID card/work ID
(ONE OPTION IS REQUIRED)

CCCM Signature (Please keep signature within this box)

Date

Return the completed form to the following address:

State of California
 Division of Occupational Safety and Health
 Elevator, Ride and Tramway Unit, Certification Section
2424 Arden Way Suite 485
Sacramento, CA 95825
 Phone: (916) 274-5709
 Fax: (916) 263-1957

Additional information and forms: <http://www.dir.ca.gov/dosh/ElevatorCertification.html>