



SOLO WILDERNESS MEDICINE LOST/REPLACEMENT CARD APPLICATION

HELP! I lost my card!

Don't worry—we can fix that. If a SOLO certification card is lost or damaged, we will replace it for \$10. You may pay by cash, check, money order, or credit card. All information ***MUST*** be provided below. If you are unsure of course dates or other valid information, SOLO will charge \$25 to research certification history. SOLO also reserves the right to deny a replacement card if proper information is not provided. If you are unsure about dates and locations, we recommend checking bank statements or credit card records as a reference.

You may mail, email, or fax this form to SOLO. Please allow 2-4 weeks to receive your new card. Telephone or rush orders will cost \$25.00.

Please circle type of certification card(s) that you need: WEMT WFR WFA CPR

To get a new card, please give us the following information (in writing):

SECTION I: BACKGROUND INFORMATION

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

E-MAIL ADDRESS _____

SECTION II: SOLO CERTIFICATION HISTORY

TYPE OF CERTIFICATION (WFA, WFR, WEMT, etc.) _____

DATES OF COURSE _____

LOCATION OF COURSE _____

NAME OF COURSE INSTRUCTORS _____

SECTION III: RECERTIFICATION INFORMATION: (Only for students who have recertified)

ORIGINAL COURSE TAKEN WITH? (Circle One) **SOLO** **WMI** **WMA** **Other** _____

DATE AND LOCATION OF ORIGINAL COURSE _____

DATE AND LOCATION OF LAST RECERTIFICATION _____

NAME OF COURSE INSTRUCTORS _____

SECTION IV: CPR HISTORY (ONLY REQUIRED FOR WFR & WEMT CERTIFICATIONS)

DATE OF LAST VALID CPR COURSE* _____

SECTION V: PAYMENT

TYPE OF PAYMENT: CHECK MONEY ORDER CASH CREDIT CARD (Visa/MasterCard/Discover)

FOR CREDIT CARD PAYMENTS ONLY: VISA MASTERCARD DISCOVER

CREDIT CARD # _____ EXP DATE _____ CVV# _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYMENT TOTAL: (Check one)

\$10.00 (REPLACEMENT FEE per CARD)

\$25.00 (FOR INCOMPLETE FORMS NEEDING CERTIFICATION RESEARCH)

\$25.00 (FOR RUSH ORDERS)

TOTAL \$ _____

Mail, Email, or Fax this application and replacement fee to:

SOLO - c/o Card Replacement
PO Box 3150, Conway, NH 03818
FAX: (603) 447-2310
EMAIL: christine@soloschools.com

Your new card will be mailed directly from SOLO once all paperwork is complete and approved by the certification coordinator.

FOR OFFICE USE ONLY

Paid (cc, check # _____)

Roster

Card sent (date: _____)

Data base