



California Tow Truck Association



Training Certificate Request

Complete as much information as possible & please print clearly

Driver's Name: _____

Date of training attended: _____ City class was taken: _____

Type of Class: Light Duty Level 1 Light Duty Level 2 Heavy Duty Level 6

Company driver was employed with at time of certification:

Driver is currently employed with: _____

Mail certificate to: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax number if you would like a copy faxed _____

E-mail address if you would like a copy e-mailed _____

As of April 1, 2008 there is a \$15 charge to reprint training certificates.

Credit Card Authorization

Date: _____ Company Name: _____

Billing Address: _____

City: _____ States: _____ Zip: _____

Type of Card: American Express Visa Master Card

Name on Card: _____

Credit Card Number: _____

Exp. Date : _____ 3 or 4 digit security code : _____

Authorization Signature: _____

OFFICE USE ONLY	
Amount charged to card: \$ _____	Authorization number: _____
Certificate printed/faxed/mailed: _____	