



OHIO DEPARTMENT OF PUBLIC SAFETY
DRIVER TRAINING

REQUEST FOR DUPLICATE CERTIFICATE

STUDENT NAME		LICENSE #	
STUDENT ADDRESS	CITY	STATE	ZIP
EXPLAIN IN DETAIL HOW THE ORIGINAL CERTIFICATE OF COMPLETION WAS LOST OR STOLEN.			

Please check which certificate is being requested.

- Certificate of Completion
- Certificate of Completion for Online (applicable for online providers only)

TO BE COMPLETED BY DRIVING SCHOOL

Provide the following information on the student listed above.

NAME OF SCHOOL		
NAME OF SCHOOL PERSONNEL SUPPLYING INFO		
DATE OF STUDENT AGREEMENT	DATE TRAINING BEGAN	DATE TRAINING ENDED
ORIGINAL CERTIFICATE OF COMPLETION #	DUPLICATE CERTIFICATE #	

STUDENT CERTIFICATION

I hereby certify that the information contained in this document is true.

SIGNATURE OF PARENT (if applicable) X	DATE
SIGNATURE OF STUDENT X	DATE