

**STATEMENT REGARDING LOST OR STOLEN CERTIFICATION ID CARD AND/OR PAPER CERTIFICATE**

**IMPORTANT NOTICE**

An OTC® and/or OT-SC™ may hold one photo ID card and paper certificate for each of their certifications. It is therefore necessary to submit a statement with an application for a new Photo ID Card. Your statement must detail why you no longer have possession of your ID Card and/or Certificate. **In the event that your documents were stolen you must include a copy of the police report.** This policy is designed to prevent the misuse of your certification credentials. Anyone using reported lost or stolen credentials, including yourself may be subject to an investigation of the NBCOT Disciplinary Committee. Therefore, should you locate your credentials after reporting them lost or stolen, you must report it as found and submit it back to the NBCOT for cancellation. **It has been invalidated and you may NOT use those credentials.**

**PROTECT YOURSELF FROM IDENTITY THEFT – REPORT LOST OR STOLEN CREDENTIALS**

OTC® ID Card	Lost	Stolen	Number ____ - ____
OTC® Paper Certificate	Lost	Stolen	Number ____ - ____
OT-SC™ ID Card	Lost	Stolen	Number ____ - ____
OT-SC™ Paper Certificate	Lost	Stolen	Number ____ - ____

**IDENTIFYING INFORMATION COMPLETE ONLINE OR PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your name changed since the credentials were issued? If yes, state the name in which the lost or stolen credentials were issued.

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

**LOST OR STOLEN CREDENTIAL INFORMATION Answer all questions completely. If you do not know the answer in detail, be as exact as possible.**

How, Where and on What date did the loss or theft take place? What efforts were made to recover credentials?

I the undersigned, declare all of the following: The information furnished herein is correct and complete and that I have not given my credentials to another person or disposed of it in an unauthorized manner. I understand that the credential(s) I report as missing will be invalidated and cannot be used. If I subsequently find and recover it, I will immediately return it to the NBCOT at 4736 Onondaga Blvd. #166 – Syracuse, NY 13219

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date