

JOURNEYMAN CARD REPLACEMENT REQUEST

JOURNEYMAN NAME: _____

CERTIFICATE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

There is a \$6.00 fee for issuing EACH replacement card/certificate,
payable to:

PSI
2820 Broadbent Pkwy NE, Ste E&F
Albuquerque, NM 87107
PHONE: 1-877-663-9267

(Check one): MC VISA AMEX

Full Card No: _____ Expiration Date: _____

Card Verification No: _____

Cardholder Name (Print): _____

Signature: _____