



## ICDVP Certificate Replacement Form

To request a copy of your certificate, complete and submit this form (along with a \$10 fee) through the ICDVP website at [www.ilcdvp.org](http://www.ilcdvp.org) or mail it to ICDVP at:  
ICDVP, Inc.

P.O. Box 429  
LaGrange, IL 60525

Once the form and fees are received, a certificate will be mailed to the address listed below. Contact [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org) with any questions.

Date \_\_\_\_\_  
Name \_\_\_\_\_  
CDVP/CPAIP# \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

ICDVP USE ONLY		
Check Number	Amount	Date
_____	_____	_____
Date mailed	_____	