



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 or mail it to ICDVP at:
ICDVP, Inc.

P.O. Box 1009
Oak Park, IL 60304

Once the form and fees are received, a certificate will be mailed or emailed to the address listed below. Contact ilcdvp@ilcdvp.org with any questions.

Date _____
Name _____
CDVP/CPAIP# _____
Address _____
Email _____

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