



7550 Lyman Darien, IL 60561  
[cpat@sufd.org](mailto:cpat@sufd.org) [www.sufd.org](http://www.sufd.org)

## REQUEST FOR A REPLACEMENT CPAT CARD

### INSTRUCTIONS

*This request is to replace a CPAT card that was lost, stolen or destroyed only.*

*Replacement CPAT card will have the original date you passed CPAT.*

1. Complete the *Request for a Replacement CPAT Card* form (next page).
2. **MAIL** the completed request form & a check or money order (made payable to SUFD) to:

Southwest United Fire Districts  
CPAT Division  
7550 Lyman Avenue  
Darien, IL 60561

A Replacement CPAT Card will be mailed to you once the \$25 replacement fee & completed *Request for a Replacement CPAT Card* form are received.



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## REQUEST FOR A REPLACEMENT CPAT CARD

Date of Request: \_\_\_\_\_

**PRINT**

Last Name		First Name
Home Address		City, State, Zip
Home Phone Number	Cell Phone Number	Email Address
Driver's License #		Payment Method <input type="checkbox"/> Check <input type="checkbox"/> Money Order
<b>\$25 Fee must accompany this request.</b> (Make Check/Money Order Payable to SUFDF)		

Original Date CPAT passed: \_\_\_\_\_  
*Month/Date/Year*

Requestor's Signature: \_\_\_\_\_

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