

Training Verification Card (TVC)
Replacement Request Form

Member's Name: _____

UBC # _____

Member's Mailing Address: _____

(TVC will be mailed to this address and it must match what the local has on file)

(Current Address)

(City, State, Zip)

Member's Phone Number: _____

Member's Email Address: _____

(Temporary PDF will be sent here)

Checkbox for member approval of emailing temporary TVC

Office Use Only:

Submitter's Name: _____

Date Submitted: _____

Instructions:

Email this form to training@ctcnc.org

Include photo of member for the TVC.

If mailing address does not match TRAIN, the request will not be processed, and the Training Department will contact the Submitter.