



# TRAINING TRANSCRIPT AND GOLD CLASS STATUS REQUEST

When completing this form, please list only current employees of your business. If you are requesting individual transcripts for employees at more than one location, please make copies of this form and fill out one form for each location.

Check here to request your Transcript(s).

Check here to request your Gold Class status report

*(A Gold Class status report will list how many points each employee needs before your business can apply for the Gold Class designation. To receive an accurate status report, you must list ALL current employees.)*

## Signature Required

Signature of requester: \_\_\_\_\_ Date: \_\_\_\_\_

BY SIGNING THIS REQUEST, YOU ARE VERIFYING THAT EVERYONE LISTED IS A WORKING EMPLOYEE OF THE BUSINESS.

Fax the form(s) to I-CAR Customer Care at **800.590.1215** and allow up to 72 hours to process.

## Contact Information (Please print)

_____		_____	
Company Name		Contact Person (First, Last)	
_____			
Company Street Address			
_____	_____	_____	_____
City	State/Province	Zip/Postal Code	
_____	( )	( )	_____
Country	Company Phone	Company Fax	

## Student Information (To receive an accurate Gold Class status report, you must list ALL current employees)

**A transcript reprint fee of \$35 US / \$40 CDN per transcript requested. There is no charge for the Gold Class status report.**

NAME	I-CAR ID Number or SSN/SIN	HIRE DATE (month/year)	JOB TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Transcript Reprint Payment Information

Total Number of Transcript Reprints	\$35 US / \$40 CND Cost per Transcript	Total
_____	X	\$ _____

Mail form and payment or fax form and credit card information to:

**I-CAR® World Headquarters**  
5125 Trillium Blvd.  
Hoffman Estates, IL 60192

Phone: 800.422.7872  
Fax: 800.590.1215

Check or Money Order (Make payable to I-CAR)

Check/Money Order Number \_\_\_\_\_

Credit Card     Visa     Mastercard     AMEX

_____	_____
Credit Card Number	Exp. Date
_____	\$ _____
Card Holder's Name (Please print)	Amount to Charge
_____	
Card Holder's Signature	
_____	
Billing Address	
_____	_____
City	State/Province    Zip/Postal Code