

REQUEST FOR LETTER AUTHENTICATION

I am requesting a letter of authentication regarding my
Medicarsafety.com Incorporated safety training certification.

I understand that there is a process fee connected with
this request in the amount of \$25.00 USD.

I further understand that if I elect not to utilize the PayPal
payment option, I must submit payment in the form of a money
order for this service.

Name: _____

Driver License Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

MCS/LAR-01-12