



Contact LOMA:

General Phone:

1-800-ASK-LOMA,  
Option 1

1-800-275-5662,  
Option 1

1-770-984-3761

Website:

[www.loma.org](http://www.loma.org)

Email:

[education@loma.org](mailto:education@loma.org)

## How to Request Replacement Awards

Use this form to order replacement awards for LOMA designation and certificate programs. Awards are printed with names as they appear in the student's record. Awards take 8–10 weeks for delivery.

1. Download this order form. You can fill it in onscreen and print it, or print it first and then complete it by hand.
2. For each student needing a replacement award or awards, fill in the student ID number and the student's name **exactly** as it should appear on the award.
3. Please choose the reason for ordering each replacement award.
  - Award misprinted (within six months of issue) — No Charge  
Please Note: A copy of the award may be requested to confirm the misprint
  - Received damaged award (within six months of issue) — No Charge
  - Never received award (within six months of issue) — No Charge
  - All other reasons, including name changes — \$35 Charge
4. Fill in the mailing information and, if necessary, method of payment and payment information.
5. Mail or fax the completed form and payment for all replacement awards ordered to

Attn: Replacement Awards  
Office of the Registrar  
LOMA  
6190 Powers Ferry Road, Suite 600  
Atlanta, GA 30339-8443 USA

Fax: 770-984-6415

Call the Registrar's Office at 770-984-3761 or email to [education@loma.org](mailto:education@loma.org) if you have any questions.



## Replacement award information

Please provide student name **exactly** as it should appear on award.

### Student 1

LOMA Test ID	Student name
Award(s) to be replaced	Reason for replacement

### Student 2

LOMA Test ID	Student name
Award(s) to be replaced	Reason for replacement

### Student 3

LOMA Test ID	Student name
Award(s) to be replaced	Reason for replacement

### Student 4

LOMA Test ID	Student name
Award(s) to be replaced	Reason for replacement

### Student 5

LOMA Test ID	Student name
Award(s) to be replaced	Reason for replacement

## Mail replacement awards to

Name		Title		
Your company's LOMA Organization number		Company name		
Company address				
City	State or province	Country	Postal or ZIP code	
Phone number	Fax	Email address		

## Method of payment

Total fees	<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> AMEX	Expiration date	Security code
<input type="radio"/> Check <input type="radio"/> Money order <i>Make check or money order payable to LOMA in U.S. funds.</i>	Card number		
Cardholder name			
Cardholder signature			

Return completed form by mail or fax to:  
 LOMA's Office of the Registrar  
 6190 Powers Ferry Road  
 Suite 600  
 Atlanta, GA 30339-8443 USA  
 Fax: 770-984-6415

**Print Form**