

Contact LOMA:

General Phone:
770-984-3761

Website:
www.loma.org

Email:
education@loma.org

Fax:
770-984-6415

How to Request Replacement Awards

Use this form to order replacement awards for LOMA designations. Awards are printed with names as they appear in the student's record. Awards are processed at the beginning of each quarter (January, April, July, October) and should arrive within eight weeks from this date.

1. Download this order form. You can fill it in on-screen 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 — \$50 Charge
4. Fill in the mailing information and, if necessary, method of payment and payment information.
5. Email or fax the completed form and payment for all replacement awards ordered to:
Email: education@loma.org
Fax: 770-984-6415



Award Replacement Order Form

Order Form

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

Mail replacement awards to

Name		Title	
Your Company's LOMA Organization Number		Company	
Mailing address			
City	State or Province	Country	Postal or ZIP code
Phone Number		Fax	
Email Address			

Calculate Total Fees

Replacement award fee (per request)	\$50
Total Amount Due	

Method of payment

<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> AMEX	Expiration date	Security code
Card number		
Cardholder name		
Cardholder signature		

Return completed form by email or fax to:
Fax: 770-984-6415
Email: education@loma.org