

Counselor

Replacement Badge Request Form



Badge replacement reason (check box that applies)

Lost **Stolen** **Damaged** **Legal Name change** (must also complete a Counselor information change)

Other Explain: _____

Counselor Information

Name			
Email Address		Counselor Certification Number	
Street Address			Apt.
City		State	Zip Code
Phone Number ()			

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Entity Information

Name			
Primary Contact Name			
Email Address		Entity Number	
Street Address		Suite	City
State	Zip Code	Phone Number ()	Fax ()

Primary Contact Signature:	<input type="text"/>	Date:	<input type="text"/>
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Submit to:

Covered California Enrollment Assistance Program Support
by uploading request form in IPAS (My Files) or fax to: **559-447-7099**.
For questions email us at: IPAsupport@ccgrantsandassistors.org