Worker Wallet Card Application Form

1.0 CARDHOLDER INFORMATION

LEGAL NAME: _____

TEL NO: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ HEIGHT: _____ EYE COLOR: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

TOWN: _____

STATE: _____

ZIP CODE: _____

COURSES TO BE ADDED TO THE WORKER WALLET CARD (PLEASE INCLUDE CERTIFICATES):

_____

_____

_____

PLEASE NOTE THAT THE ADDRESS THAT YOU PUT ON THE FORM IS WHERE YOUR SST CARD WILL BE MAILED. PLEASE MAKE SURE THE ADDRESS IS ACCURATE AS REPRINTING AND REMAILING YOUR CARD WILL CARRY AN ADDITIONL FEE

IMPORTANT INFORMATION

PDH STAR, as a NYC DOB approved SST course provider, is required to verify all training done outside of our organization, verify identity, address, height, and eye color for every card applicant prior to any card issuance. Before submitting your card application, please make sure your application is signed and includes clear copies of your training certificates, ID, and, as appropriate, address.

Worker Wallet card applications are processed in the order they are received, and typically take 7 business days to process. If you have done part of your training outside of PDH STAR, we cannot guarantee turnaround time for card processing, as reply times by other course providers vary.

Please review the DOB requirements for ID and proof of address on our web site, and make sure your documents comply with the requirements.

☐ By checking this box and signing below, I acknowledge that I have read the above statement, and agree to comply with the DOB requirements. Failure on my part to provide sufficient information and verifiable evidence of my training, ID and/or proof of address, may result in my Worker Wallet card application to be denied. I confirm that the above provided information is true to the best of my knowledge.

Date: _____ Signature: _____