



D&S Diversified Technologies LLP

Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP

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Innovative, quality technology solutions throughout the United States since 1985.

OHIO STNA REPLACEMENT CARD REQUEST

INSTRUCTIONS:

- There is a \$25.00 fee (money order, cashier’s check, credit or debit card)
- You must be active on the Ohio Nurse Aide Registry – expired licenses will not be replaced.
- Any name changes must be updated **PRIOR TO COMPLETING THIS FORM** with the Ohio Nurse Aide Registry by calling (800)582-5908
 - If your replacement card request is due to a name change, you must include a copy of the court records of the name change with this application (marriage license, divorce decree, etc.) and your State ID
- **Complete this application and return it with your \$25.00 fee to:** **D&S Diversified Technologies**
 If paying with a credit/debit card, please email to: **ohio@hdmaster.com**
P.O. Box 6609
Helena, MT 59604

Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

Maiden Name, *if applicable*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

PAYMENT METHOD:

MONEY ORDER/CASHIER’S CHECK PAYMENT:

Money Order/Cashier Check Number: _____

Make money order/cashier check payable to:

D&SDT

and mail to – P.O. Box 6609 - Helena, MT 59604

PERSONAL CHECKS AND CASH ARE NOT ACCEPTED.

CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):

Card Number: _____ Card Expiration Date: _____ Zip Code Affiliated with Card: _____

XXXX-XXXX-XXXX-XXXX

MM/YY

Printed Name on Credit/Debit Card: _____ Signature of Cardholder: _____

Office Use Only:

Date Received: _____

License Mailed: _____

Payment Type: _____

Sent by: _____

Ohio Nurse Aide Registry notified (if applicable): _____