



U.S. Soccer Replacement Coaching License Order Form

Name: _____ Male or Female (circle)

Email: _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Main Phone: _____ Cell Phone: _____

License Type (please check)

“A” License “B” License “C” License Youth License

Date Issued (month/year): _____

Course Location (Location/City/State): _____

License Number (if available): _____

Please be as specific as possible, in order to help expedite the replacement license process.

Coaching License Type (please check one)

Certificate License Card Both

All replacement certificates and license cards are \$15.00 each or \$30.00 for both (including shipping and handling). Please enclose a check or money order made payable to **U.S. Soccer** with this form or complete the following payment information. *Please allow 2-3 weeks for your request to be processed.*

Credit Card Number: _____ Expiration Date: _____

Credit Card Type: American Express MasterCard Visa (please circle one)

Signature of Card Holder: _____ Date: _____

Please mail or fax this form with payment to the following:

US Soccer Federation
Attn: Coaching Department
1801 South Prairie Avenue
Chicago, IL 60616
Fax: (312) 808-9708

Please contact the Coaching Department at (312) 528-1219 or coaches@ussoccer.org with any questions.

FOR OFFICE USE ONLY: Date Received: _____ Balance Due: _____