



**D&S Diversified Technologies LLP**  
**Headmaster LLP**

**D&S DIVERSIFIED TECHNOLOGIES-HEADMASTER, LLP**  
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**OHIO STNA - D&S DIVERSIFIED TECHNOLOGIES**

## OHIO STNA REPLACEMENT CARD REQUEST

- ❖ There is a \$25.00 fee (money order, cashier’s check, credit or debit card [Visa or Master Card])
- ❖ You must be active on the Ohio Nurse Aide Registry – expired licenses will not be replaced.
- ❖ Any name changes must be updated with the Ohio Nurse Aide Registry by calling (800)582-5908, or by including a copy of the court records of the name change with this application (marriage license, divorce decree, etc.)

**Complete this application and return with your \$25.00 fee to:** D&S Diversified Technologies  
 P.O. Box 6609  
 Helena, MT 59604

Social Security Number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Name: \_\_\_\_\_  
                     *First*                                    *Middle*                                    *Last*                                    *Maiden*

Address: \_\_\_\_\_  
                                     *Street*                                    *City*                                    *State*                                    *Zip Code*

Phone #: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

I have enclosed a \_\_\_\_\_ Money Order | \_\_\_\_\_ Cashier’s Check | \_\_\_\_\_ Credit/Debit Card Payment *(fill out below):*  
*Paid payable to D&SDT \*\* No Personal Checks or Cash Accepted*

<b>For Visa or Master Card Payment</b>	<b>Credit Card #:</b>	<b>Expiration Date:</b>	<b>Billing Zip Code:</b>
<b>Authorized Card Holder Name as it appears on your credit card:</b>	<b>Authorized Card Holder Signature:</b>	<b>Today’s Date:</b>	

*By signing this form, I authorize D&S Diversified Technologies (D&SDT) to charge my credit/debit card.*

**Office Use Only:**

Date Received: \_\_\_\_\_ License Mailed: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Sent by: \_\_\_\_\_

Ohio Nurse Aide Registry notified (if applicable): \_\_\_\_\_