

CSA  
ID Release Waiver for Change of Company Name

CSA cards include company names on ID cards to help jurisdictions match up an individual with the company name on permits, company insurance/bonding requirements, and other state/local licensing requirements.

Use this form to change the company name on an ID card and to update an individual's record. Mail this completed form along with appropriate payment to CSA at P.O. Box 723 Greenbrier, AR 72058.

If you need a replacement ID card due to loss or damage, and are not changing the company name, use the link on our web site with a credit card payment.

Today's date: \_\_\_\_\_ ID card CSA#: \_\_\_\_\_

Card holder name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email you want in our system: \_\_\_\_\_ DOB: \_\_\_\_\_

Address for our records: \_\_\_\_\_

- I am returning my old card and an approved\* payment of \$25  
 I have lost my original card and have included an approved\* payment of \$50  
\*Approved payments are company check, cashiers check, or money order.  
\$30 will be assessed for returned checks.

Old Employer: \_\_\_\_\_

Old Supervisor: \_\_\_\_\_ Old supervisor Phone: \_\_\_\_\_

New Employer name on new card: \_\_\_\_\_

New supervisor: \_\_\_\_\_ New supervisor phone: \_\_\_\_\_

New supervisor email: \_\_\_\_\_

The above named employee has recently become employed with our company and requests a new ID card with our company name.

New supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE SIGNATURE:**

I hereby authorize CSA to create an ID card based on the criteria and terms indicated above. I have enclosed an approved payment for the amount indicated above. I hereby certify that the information above is accurate.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_