



REPLACEMENT CERTIFICATE FORM

Student: _____ Request Date: _____

Company: _____ Phone: _____

Company Contact: _____ Fax: _____

Address: _____ E-Mail Address: _____

City: _____ Prov: _____ PC: _____

FEES: \$20.00 per certificate+ GST

H2S & PST/CSTS Certs must be requested from ENFORM

Program	Date of Course	Reason
		<input type="checkbox"/> Certificate lost <input type="checkbox"/> Certificate destroyed <input type="checkbox"/> Other (please explain below)
NOTE:		
		<input type="checkbox"/> Certificate lost <input type="checkbox"/> Certificate destroyed <input type="checkbox"/> Other (please explain below)
NOTE:		

DECLARATIONS

Student

I hereby make application for a replacement certificate as described above. I understand that information provided on this application is material to this application being accepted, and that any inaccuracy or misrepresentation will be sufficient reason for the application to be rejected.

Student Name (please print) _____ Student Signature _____

Date _____

Employer

I hereby make application for a replacement certificate, as described above, for the student named. I declare that the student is currently employed by my company and that I have permission of the student to apply for the certificate. I understand that information provided on this application is material to this application being accepted, and that any inaccuracy or misrepresentation will be sufficient reason for the application to be rejected.

Designated Employer Rep (please print) _____ Date _____

Designated Employer Representative Signature _____

Please return completed form by fax to 403-571-7659 or mail 1, 3855 – 64 Ave SE, Calgary, Alberta T2C 2V5

Credit Card Information		
Cost	VISA MASTERCARD	
Name on Card	Card No.	
Expiry Date	Authorized Signature	