

Request for Duplicate Certificate

Name of Participant:	Course Name:
Name at the time of course (if different from above)	Course Start Date:
Address	Course End Date:
Tel. # Home: _____ Work: _____ Cell: _____	Examinable? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Participant's ID#	Method of Dispatch: Mail <input type="checkbox"/> Will collect <input type="checkbox"/>
Reason for request:	
FOR MIND USE ONLY	
Date of request: _____ Receipt # _____ (\$2000.00) Receipt date: _____	Dispatched by: Senior Manager, Registry and Records Management Signature: _____ Date _____
Certificate Prepared: Date : _____ Signature: _____	Method of Dispatch: Mail <input type="checkbox"/> Collected <input type="checkbox"/> Date: _____ Signature: _____

Effective May 7, 2012 – Cost \$2,000.00 each

FORM-RRM0022-V1

Original Draft Date: May 1, 2012

Last Draft Update: December 07, 2018

Next Review Date: (3 yrs from Issue Date)