



Replacement Certificate Application Form

REPLACEMENT CERTIFICATE POLICY

In order to protect the privacy of our students and discourage the fraudulent use of its training certificates, Enform requires a Replacement Certificate Application Form accompany all requests for replacement certificates.

Privacy laws dictate we can not give certificate numbers over the phone or fax. A new certificate must be purchased from Enform. Replacement certificates can be obtained by one of the following options:

IN-PERSON

- Complete the Replacement Certificate Application Form on site, at our **Calgary** (1538 25th Ave NE Calgary Alberta) or **Nisku** (1020 20th Ave NE Nisku Alberta) Training Centre. Government-issued photo identification (driver's license, passport, etc.) will be required. Once payment is received and identification shown a certificate will be printed while you wait.

MAIL-IN APPLICATION

- Complete the Replacement Certificate Application Form. The application **must be signed** by the **student** and notarized with a **Commissioner for Oaths/Notary Public** signature, or signed by an employer Designated Representative (see below under Employers). Mail the completed form to the Enform **Calgary** office with payment.

FAX-IN APPLICATION

- Complete the Replacement Certificate Application Form. The application **must be signed** by the **student** and notarized with a **Commissioner for Oaths/Notary Public** signature, or signed by an employer Designated Representative (see below under Employers). Fax the completed form to the Enform **Calgary** office with payment.

EMPLOYERS / INSTRUCTORS

Employers and Enform Instructors can order replacement certificates on behalf of their employees/students if they have arranged to become a Designated Representative with Enform. To become an Enform Designated Representative for the purpose of applying for replacement certificates for your own employees or students, a written request must be submitted to Enform on original company letterhead stationery. The request must include the names and signatures of the designated representative, and be signed by a senior management representative. Once the employer has become a Designated Representative, replacements can be ordered by filling out the Replacement Certificate Form. The application **must be signed** by the **student** and the **Designated Representative**.



REPLACEMENT CERTIFICATE APPLICATION FORM

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. INCOMPLETE APPLICATIONS WILL BE RETURNED					
STUDENT AND COMPANY WITHOUT DESIGNATED REPRESENTATIVES MUST COMPLETE PART A AND B					
DESIGNATED REPRESENTATIVES MUST COMPLETE PART A AND C					
PART A:					
STUDENT FIRST NAME:		SURNAME:			
BIRTH DATE: (MONTH AND DAY)					
NAME OF REQUESTED CERTIFICATE(S):					
STUDENT MAILING ADDRESS:					
CITY:	PROVINCE:		POSTAL CODE:		
ATTENTION:					
TELEPHONE NUMBER:		FAX NUMBER:			
PAYMENT OPTIONS:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> DEBIT <input type="checkbox"/> INVOICE ON APPROVED ACCOUNT				
<input type="checkbox"/> VISA	NUMBER:		EXPIRY DATE:		
<input type="checkbox"/> MASTERCARD	NUMBER:		EXPIRY DATE:		
CARDHOLDER NAME:					
CERTIFICATES WILL BE SENT BY REGULAR MAIL UNLESS STATED OTHERWISE					
SPECIAL MAILING INSTRUCTIONS OTHER THAN MAIL:					
	PLEASE NOTE: STUDENT/COMPANY WILL BE RESPONSIBLE FOR ANY ADDITIONAL COSTS OTHER THAN MAIL				
DECLARATIONS					
<i>Student: I hereby make application for a replacement certificate as described above. I agree that all information on this application is complete and correct, and that any inaccuracy or misrepresentation will be sufficient reason for the application to be rejected.</i>					

Student's Name

(Please Print)

Student's Signature

Date

PART B: COMMISSIONER OF OATHS / NOTARY PUBLIC		
DECLARED BEFORE ME:		
AT	IN THE PROVINCE/TERRITORY OF	
THIS	DAY OF	200
_____ COMMISSIONER FOR OATHS / NOTARY PUBLIC SIGNATURE		



REPLACEMENT CERTIFICATE APPLICATION FORM

PART C:			
DECLARATIONS Employer: <i>I hereby make application for a replacement certificate, as described above, for the employee named. I declare that the student is currently employed by my company, or has taken a course through my company and that I have his/her permission to apply for the certificate. I agree that all information on this application is complete and correct, and that any inaccuracy or misrepresentation will be sufficient reason for the application to be rejected.</i>			
COMPANY NAME:			
MAILING ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
ATTENTION:			
TELEPHONE NUMBER:		FAX NUMBER:	

DESIGNATED REPRESENTATIVE _____
Signature Date

REPLACEMENT CERTIFICATE FEE	
REPLACEMENT CERTIFICATE:	\$26.50 (\$25.00 + \$1.50 GST) applies to each replacement certificate.
REPLACEMENT PERMIT:	\$53.00 (\$50.00 + \$3.00 GST) applies to each permit certificate.
<i>Please note: To obtain a replacement St. John Ambulance First Aid certificate contact a St. John Ambulance office in your area.</i>	

**Submit completed Replacement Certificate Form
with appropriate signature(s) and payment to:**

ENFORM
Certification Department
1538 25th Avenue NE
Calgary AB T2E 8Y3

Toll Free: 1 (800) 667-5557 Fax: 1 (403) 250-1289