

REQUEST FOR DOCUMENT REPLACEMENT

YOUR IDENTIFICATION MUST BE VERIFIED IN SECTION E

This form is used to request a replacement for a lost, stolen or damaged certificate, wallet card, registration card or logbook. It is also used to request a name change on one of these documents

A. Apprenticeship Information

Please print clearly and return form to the address noted above

SkilledTradesBC Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Phone Number:	Secondary Phone Number:	Email Address:
Certificate Number:	Issue Date: (MM/DD/YYYY)	

B. Replacements Requested

Certificates	
<input type="checkbox"/> Certificate of Qualification Wall Certificate	\$35.00
<input type="checkbox"/> Certificate of Qualification Wallet Card	\$35.00
<input type="checkbox"/> Certificate of Apprenticeship Wall Certificate	\$35.00
<input type="checkbox"/> Certificate of Apprenticeship Wallet Card	\$35.00
<input type="checkbox"/> Certificate of Completion for Foundation Course	\$35.00

Letters	
<input type="checkbox"/> Sign Off Authority (SOA) Letter	\$35.00
<input type="checkbox"/> Exemption Permit Letter	\$35.00

Payment made by:

Online via Credit Card Transaction Number: _____
<http://www.skilledtradesbc.ca/exams/fees-and-payment>

Cheque or money order (attached)

Cash or debit (paid in person at SkilledTradesBC or Service BC)

Welder Logbook	
<input type="checkbox"/> Replacement Logbook (lost, stolen, damaged) Only select when you need to replace certification(s)	\$35.00
<input type="checkbox"/> Blank Logbook	N/C
<input type="checkbox"/> Supplementary Logbook You must attach your original Log Book	N/C
<p>You must provide 2 Passport Photos or send a Digital Photo. See Photo Requirements:</p> <p>https://skilledtradesbc.ca/sites/default/files/docs/Welder-Log-Book-Info-Sheet-September-2019.pdf</p>	

C. Reason for Replacement

<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Name Change (Provide copy of documentation of name change and return original certificate and/or card.
Explain Circumstances: <hr/> <hr/> <hr/>

D. Signature

PRIVACY NOTICE

The personal information on this form and other personal information that forms part of your apprenticeship record is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act.

The information is used to (1) administer and monitor the apprenticeship training program in which you are enrolled, (2) administer your participation in the apprenticeship program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA), (3) plan, research and evaluate programs, (4) assist in the promotion of the apprenticeship and certification program in British Columbia, (5) identify persons for the purpose of financial awards, (6) identify persons for targeted correspondence that relates to their trade(s) or their involvement in apprenticeship training (ex: surveys, statistics, consultations).

I have read and understood the Privacy Notice and hereby authorize SkilledTradesBC to share my personal information record for the previously stated purpose with apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions and training providers, regulatory authorities and municipal, provincial and federal government bodies where the information is necessary for them to fulfill their legal responsibilities or manage apprenticeship-related programs.

By signing this form, you represent and warrant that all information you provide to SkilledTradesBC is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.

Applicant Signature:	Date: (MM/DD/YYYY)
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E. Identification Verification

Identification Verified by: <input type="checkbox"/> SkilledTradesBC Customer Service Staff <input type="checkbox"/> Service BC Staff <input type="checkbox"/> Notary Public	
<input type="checkbox"/> Provincial Driver's License (issued by a Canadian province or Territory) <input type="checkbox"/> Provincial Identification Card (ie. British Columbia Identification Card) <input type="checkbox"/> Canadian Permanent Residency Card <input type="checkbox"/> BC Services Card <input type="checkbox"/> Combination Driver's License and BC Services Card <input type="checkbox"/> Canadian Certificate of Indian Status <input type="checkbox"/> Passport: _____ <p style="text-align: center;">Indicate Country of Origin</p>	<div style="border: 1px dashed gray; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Stamp </div>
*Cards/Certificates without an expiry date will not be accepted	
Name of SkilledTradesBC Customer Service Staff, Service BC Staff or Notary Public:	
Signature	Date: (MM/DD/YYYY)