

# CERTIFICATE/WALLET CARD REPLACEMENT APPLICATION

Please print clearly and return to the address noted above

## A. Applicant's Information

Registration Number (Individual ID):					
Legal Last Name:		Legal First Name:		Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Suite Number:	Mailing Address:				
City:		Province: B.C.	Postal Code:		Email:
Daytime Telephone Number: (      )		Home Telephone Number: (      )		Fax Number: (      )	
Industry Training Program (Trade):		Certificate Number:		Issue Date:	

## B. Replacements Requested

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> Certificate of Qualification Wall Certificate  | \$35.00 | <input type="checkbox"/> Welder Wall Certificate   | \$35.00 |
| <input type="checkbox"/> Certificate of Qualification Wallet Card       | \$35.00 | <input type="checkbox"/> Welder Registration Log Book<br>(Two passport sized photos required)                  | \$35.00 |
| <input type="checkbox"/> Certificate of Apprenticeship Wall Certificate | \$35.00 | <input type="checkbox"/> *Supplementary Log Book<br>(Original Log Book and one passport sized photos required) | N/C     |
| <input type="checkbox"/> Certificate of Apprenticeship Wallet Card      | \$35.00 | <input type="checkbox"/> Apprenticeship Registration Card  | N/C     |

\* Note: Verification of Identity not required by ITA staff, Service BC or notary public.

CHEQUE OR MONEY ORDER made payable to: Industry Training Authority. If you are submitting your application to a government agent office elsewhere in BC, please make your cheques payable to The Minister of Finance and Corporate Relations. CASH and DEBIT CARD accepted only at Customer Service counter; **please do not send cash in the mail.**

Credit Card:  VISA       Master Card       American Express

Card holder name: \_\_\_\_\_ Card number: \_\_\_\_\_

Security Number (last three digits on back of card) \_\_\_ \_\_\_ Expiry date: \_\_\_/\_\_\_

Card Holder Signature: \_\_\_\_\_

## C. Reason for Replacement (check one reason only)

<input type="checkbox"/> Certificate or wallet card is <u>lost</u> ; explain circumstances under which it was lost, as far as you know (print clearly):
<input type="checkbox"/> Certificate or wallet is known or believed to be <u>stolen</u> ; explain circumstances under which it was stolen, as far as you know, and include file number, if a police report has been filed (print clearly):
<input type="checkbox"/> Certificate or wallet card is <u>damaged</u> ; you must return the damaged certificate or card with this application - no fee.
<input type="checkbox"/> Holder of certificate/wallet card has <u>legally changed name</u> ; you must provide original documentation of the name change with this application and return certificate and/or card.

## D. Verification of Identity

This form must be verified, using photo ID, by one of the following: ITA Customer Service staff, Service BC staff or notary public.

Details of type/number of verification supplied (e.g. Driver's Licence number, Passport number, etc):	
Applicant's Signature:	Date: (YYYY/MM/DD)
ITA Customer Service staff, Service BC staff or notary public Signature:	Date: (YYYY/MM/DD)