

# IMPORTANT

**FOR PROCESSING PURPOSES, PLEASE COMPLETE ALL INFORMATION ON THIS FORM**

## REQUEST FOR CERTIFICATE OF QUALIFICATION RENEWAL

Last Name:	First Name:
Address: _____ / _____ / _____ / _____ <i>P.O. Box/Street City Province Postal Code</i>	
Telephone #:	Certificate #:
Trade:	Employed in the Trade:    Yes <input type="checkbox"/> No <input type="checkbox"/>
SIN #:	Date of Birth:    _____ / _____ / _____ <i>Month Day Year</i>

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Note: Renewal Certificates will be issued based on the date in which applications are received by our office. Applicants should allow a minimum of five (5) business days for processing.**