Duplicate Certification Request Form



Complete this form and return with your fee. The cost is \$22.00 per Card or Certificate. Tax is extra. Please print.

Name (If your name has changed we require a copy of the government issued documentation of the change)		
Mailing Address (If bei	ng sent to an organization, please inclu	de its name.)
City	Province	Postal Code
Work Telephone	Home Telephone	Estimated Examination Date
Trainer Name	Course Sponsor	
Contact Email:	Plea	ase replace with: Card □ Certificate □ Both □
This is for BASICS.fst®□ ADVA	NCED <i>.fst</i> ®□ TRAIN-THE-TRAINER	□ (certificate) ALLERGEN□ (certificate)
Office Use Only Class ID Number:		Request Received:
Payment Informat Cash payments are no If billing to an account,	<u>t allowed</u> .	unt here:
		your request, the cost of certificates or card, and most areas of Canada please add \$18.00 + tax.
Cheques should be ma	de out to TRAINCAN, Inc.	
If paying by credit card:	Visa MasterCard_	
What is the name on th	e card?	
Card Number		_Expiration date
	ertificate in a week. Please bill my credi cannot be delivered in one week.	it card \$18.00+tax (info provided above). Please
Return this form to:	TRAINCAN, Inc. 101 – 85 Scarsdale Rd. Toronto, ON M3B 2R2 416-447-9588 Fax: 416-646-0877 1-888-68' Email: shipping@traincan.com	7-8796

Fraudulent use of any TRAINCAN, Inc. certificates is subject to prosecution to the full extent of the law.