



# Replacement Certificate Request Form

Certification Documentation to be issued within 30 days

## Section 1 – Client Details

<b>Full Name:</b>		<b>Date:</b>	/ /
<b>Address :</b>			
<b>Phone Number:</b>		<b>Email:</b>	

## Section 2 – Certification Details

**I wish to apply for a re-print Certificate to be Issued:**

<b>Qualification Code &amp; Title/ Course Name :</b>	
<b>Date of Course :</b>	
<b>Reason for Re-print :</b>	

Nationally Recognised Training:

- Qualification  
 Transcript of Results (Units)  
 Statement of Attainment

NON-Nationally Recognised Training:

- Certificate of Completion  
 Certificate of Attendance

**Units/ Modules included (if known):**

Unit/Module Code	Unit/Module Code	Unit/Module Code

## Section 3 – Payment Details (Certificates will only be issued if payment is attached/confirmed) Cost \$50 per Certificate

Please find enclosed a cheque, payable to **COMBINED TEAM SERVICES**

Direct Deposit – contact CTS for bank details

Please charge my Credit Card     
  Visa     
  Mastercard

Card Number: \_\_\_\_\_ Expiry Date: / /      CCV: \_\_\_\_\_

<b>Card Holder Name:</b>		<b>Signature:</b>	
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## Section 4 – Authorisation – (CTS OFFICE USE)

**I Endorse accuracy of re-print certification:**

<b>Name:</b>		<b>Position:</b>	
<b>Signature:</b>		<b>Date:</b>	/ /

## Admin Use Only

<b>All Fees Paid :</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signature:</b>		<b>Date:</b>	/ /
<b>Certificate Sent:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signature:</b>		<b>Date:</b>	/ /
<b>Certificate Copy Filed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signature:</b>		<b>Date:</b>	/ /