

***ALL SECTIONS MUST BE COMPLETED OR YOUR REQUEST
WILL NOT BE PROCESSED***

REQUEST FOR CERTIFICATE OF QUALIFICATION (✓CHECK ONE)

RENEWAL * EXCHANGE ** REPLACEMENT

***Exchange** certificates will only be issued to individuals who confirm that they have permanent employment in this province or who provide a document to confirm that securing employment in this province requires a Newfoundland and Labrador issued certificate. Otherwise an equivalency letter will be provided in lieu of a Certificate of Qualification.

****Replacement** certificates will only be issued to individuals who provide a letter giving a valid reason for the request. A replacement certificate will only be issued once.

Last Name:	First Name:
Home Mailing Address:	
P.O. Box/Street: _____	
City _____	Province _____ Postal Code _____
Email Address:	Home Telephone and/or Cell Phone Number:
Driver Licence Number:	Date of Birth:
	_____ / _____ / _____ Month Day Year
Occupation:	Certificate of Qualification and/or Interprovincial Number:
	_____ Certificate of Qualification Number Interprovincial Number
Employed in the trade: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date

Signature