

**Canadian Institute of Public Health Inspectors
Board of Certification
Certificate Replacement Application Form**

Salutation (Ms, Mr.)	Print your name clearly: First Name/Last Name		Certificate Number
Mailing Address (Apartment #, Number & Street)			Home Telephone () -
City	Province	Postal Code	Mobile Phone () -
Email Address			
Reason for Replacement			
Loss of Certificate			
Name Change (Provide government-issued document)			
Other (please specify): _____			
Authentication			
CIPHI Member		BOC Branch Representative	
Name:		Name:	
Certificate #:		Certificate #:	
Signature:		Signature:	
Administration Fee			
Batch Reprint (\$25.00 + *Tax)		Separate Reprint (\$50.00 + *Tax)	
Payment Method			
Certified Cheque (payable to: Canadian Institute of Public Health Inspectors)			
Money Order (payable to: Canadian Institute of Public Health Inspectors)			
Credit Card			
Visa	MasterCard	American Express	
Cardholder's Name (Please Print) _____			
Cardholder's Billing Address _____			
City _____ Province/State _____ Postal Code/Zip Code _____			
Card Number ____ / ____ / ____ / ____ Expiration ____ / ____ CVV ____			
*Applicable provincial taxes must be added to all fees. The candidate's mailing address is used to determine the applicable provincial tax rate.			
Applicant's Signature			Date: (dd/mm/yyyy)