

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

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