



# Canadian Institute of Public Health Inspectors Board of Certification

## Payment Method Form

(This form must be included with application and payment)

Applicable provincial tax rates must be added to all BOC fees. A candidate's mailing address is used to determine the applicable provincial/territorial tax rate. Please refer to the CIPHI website [BOC price chart](#) to determine the correct fee and tax amount.

Applicant's Name:

Email:

Telephone:

Address:

City:

Prov./State:

Postal Code/Zip Code:

### If paying by Certified Cheque or Money Order complete the following:

Cheque or Money Order should be made payable to: Canadian Institute of Public Health Inspectors.

Note: Personal cheque are not accepted

**Certified Cheque**

Amount: \$ \_\_\_\_\_

**Money Order**

### If paying by Credit Card complete the following:

**VISA**

**MasterCard**

**American Express**

**Card #**

**Expiration**

(Month/Year)

**CVV**

Amount: \$ \_\_\_\_\_

Cardholder's Name (Please Print):

Cardholder's Signature:

Cardholder's Billing Address:

City:

Prov./State:

Postal Code/ Zip Code: