



ORIGINAL REQUEST FOR CERTIFICATE(S)
(NOT TO BE USED AS A REQUEST FOR A REPLACEMENT CERTIFICATE)

In order to process your request for a certificate we require the following information in full:

NAME: _____
(AS YOU WANT IT TO APPEAR ON THE CERTIFICATE)

DATE OF BIRTH: _____

ADDRESS: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE #: _____

COURSE NAME: _____

START DATE: _____

LOCATION: _____

Incomplete requests will be returned or discarded without notice.

You may submit your request by fax (905) 264-7609 or mail to:

Ontario Building Officials Association
200 Marycroft Avenue, Unit 8
Woodbridge, ON L4L 5X4

\$30.00 + 13% HST FOR EACH CERTIFICATE PAYABLE AT THE TIME OF YOUR REQUEST.

Please make your cheque payable to - Ontario Building Officials Association

Or provide

VISA/MASTERCARD/AMEX: CREDIT CARD NUMBER: _____

EXPIRY: _____

AUTHORIZED SIGNATURE: _____