



ROOFING CONTRACTORS  
ASSOCIATION OF  
BRITISH COLUMBIA

# Certificate Replacement

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Address: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

COURSE DESCRIPTION	MARK (X)	DATE(S) COURSE TAKEN	AMOUNT
Apprenticeship Technical Training (Levels 1, 2 & 3) Certificate			(\$10.00)
Fall Protection / Safety Monitor Card			(\$5.00)
WHMIS Training Card			(\$5.00)
Torch Safety Card			(\$10.00)
Other Courses:			(\$10.00)
Name:			

REMITTANCE	
Total # of Cards:	
Total Remittance:	\$

METHOD OF PAYMENT: CHEQUE / VISA / M/C / CASH

Card No: \_\_\_\_\_

Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Make all checks payable to RCABC Educational Foundation

**Thank you!**