



REPLACEMENT CERTIFICATE FORM

COMPLETING THE FORM

Complete the Replacement Certificate Form as instructed on the first page. The application must be signed by the student and notarized with a Commissioner for Oaths/Notary Public signature or signed by an employer Customer Administrator (see below under Employers). Email, Fax or mail the completed form (pages 1 and 2) to the Calgary office, we will contact you for payment.

EMPLOYERS

Employers can order replacement certificates on behalf of their employees/students if they have arranged to become a Customer Administrator with Energy Safety Canada. To become an Energy Safety Canada Customer Administrator, contact Customer Service (1 800 667 5557, email: CustomerService@EnergySafetyCanada.com), or visit [Registration Process page](#) for details.

ENERGY SAFETY CANADA APPROVED THIRD PARTIES

Energy Safety Canada Approved Third Parties can sign the replacement certificate form to confirm the identity of the student who is ordering (see Part C). Part A must be filled out and signed by the student.

Submit completed Replacement Certificate Form with appropriate signature(s) and payment to:

Email: CustomerService@EnergySafetyCanada.com

Fax: 403 516 8166

Mail: Energy Safety Canada
Attn: Training Services
150-2 Smed Ln SE
Calgary, AB T2C 4T5

For alternate methods of certificate replacement visit our website at:

<https://www.energysafetycanada.com/Training/Registrations-Certificates/Replace-Certificate>



**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

STUDENTS MUST COMPLETE PART A

CUSTOMER ADMINISTRATORS MUST COMPLETE PART A AND PART C

PART A:

Course Name/Requested Certificate(s): _____

Student Information		Payment Information
Legal Name:		<input type="checkbox"/> On Account (PO):
Date of Birth: (MM/DD/YYYY)		Name and phone number to contact for payment details:
Email Address:		
Mailing Address:		
Phone:		CERTIFICATES WILL BE SENT BY REGULAR MAIL (CANADA POST) UNLESS STATED OTHERWISE.
City:		Special Mailing Instructions:
Province:		
Postal Code:		

Please Note: The student/company will be responsible for any additional shipping costs.

Declarations

Student: I hereby make an application for a replacement certificate(s) as described above. I agree that all information on this application is complete and correct, and that any inaccuracy or misrepresentation will be sufficient reason for the application to be rejected.

Student's Name (Please Print)

Student's Signature

Date



PART B: COMMISSIONER FOR OATHS / NOTARY PUBLIC

Declared before me:

At _____ in the Province / Territory of _____

This _____ Day of _____ 20_____.

Commissioner for Oaths / Notary Public Signature

PART C: EMPLOYER / CUSTOMER ADMINISTRATOR

Declarations DESIGNATED

Employer/Customer Administrator: I hereby make an application for a replacement certificate as described above, for the employee named. I declare that the student is currently employed by my company or has taken a course through my company and that I have his/her permission to apply for the certificate. I agree that all information on this application is complete and correct, and that any inaccuracy or misrepresentation will be sufficient reason for the application to be rejected.

Company Name: _____

Mailing Address (Street): _____

City: _____ Province: _____ Postal Code: _____

Contact Phone Number: _____

Customer Administrator Name
(Please Print)

Signature

REPLACEMENT CERTIFICATE FEES

Replacement Certificate: **\$25** (+ applicable tax) applies to **each** replacement certificate.
Replacement Permit and Demerit: **\$50** (+ applicable tax) applies to **each** permit and demerit.

Note: To obtain a replacement First Aid Certificate, contact a St. John Ambulance or Red Cross office in your area.