

APPLICATION FOR REPLACEMENT/COPY CERTIFICATION

Please complete this application form supplying as much information as possible to assist us in replacing your Certification.

It is essential that you provide proof of identification with the application form.

Your options are:

- a) a photo of either your driver's licence or passport with your photo ID next to your face.
- b) you can bring your photo ID in with you in person for an ET Australia Representative to sight.

Please choose from the following options:

- a copy of your original certification emailed free of charge.
 - a re-print for which a non-refundable fee of \$30 is payable when this application form is lodged.
- This application will be processed on receipt of the full payment amount. Please advise.

Last Name:	Given Names:
Date of Birth:	Contact Number:
Email:	
Address:	
State:	Post Code:
If name and address has changed since the original Certificate was issued, please provide the previous relevant details below.	
Last Name:	Given Names:
Address:	
State:	Post Code:
* Verification of Name Change such as Marriage or Name Change Certificate will be required.	

Date Original Certification was Issued (if known):
Name of the Qualification:
Reason for Requesting Replacement Certification:

I declare that the details and identification I have provided are true and correct.

Signature of Applicant:	Date:
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Please complete this form and email it to: training@etaustralia.com or bring it to the ET Australia Training College. (Please allow 14 days for your request to be actioned).

INTERNAL USE ONLY

<input type="checkbox"/> Payment Received:	<input type="checkbox"/> Identification Check Completed:
Dated Received:	<input type="checkbox"/> ID Certified or Original Sighted (copy attached)
Amount Paid:	Date Completed:
<input type="checkbox"/> Entered in Teams:	Type of ID:
	ID Number:
Signature of ET Australia Representative:	