

## Request for a Replacement Certificate

In order for us to proceed with your request, we require the following information:

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

File No: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Certification No. (if known): \_\_\_\_\_

A cheque or money order in the amount of **\$146.90** (\$130.00 + 13% HST ) payable to the Canadian Architectural Certification Board.

Upon receipt of the above information, we will be pleased to issue the requested document.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

Email: \_\_\_\_\_

710 - One Nicholas  
Ottawa, Ontario  
Canada K1N 7B7  
Telephone: (613) 241-8399  
Fax: (613) 241-7991  
Email: [info@cacb.ca](mailto:info@cacb.ca)  
Website: [www.cacb.ca](http://www.cacb.ca)