



Request for Duplicate Certificate

Please submit to the COBC by mail, fax or scan/email.

Registrant Name: _____

Registration number: _____

Order Summary:

Type of Duplicate Certificate	Duplicate Certificate Fee	HST	Total Due
<input type="checkbox"/> One (1) Dispensing Optician	\$35.00	\$4.20	\$39.20
<input type="checkbox"/> One (1) Contact Lens Fitter	\$35.00	\$4.20	\$39.20
<input type="checkbox"/> One (1) Dispensing Optician Certificate and One (1) Contact Lens Fitter	\$70.00	\$8.40	\$78.40

1) Select one:

2) Exact Name to be Printed on the Duplicate Certificate(s):

3) Reason for Request of Duplicate Certificate(s):

- Legal Change of Name: please attach a copy of official documentation
- Other - please explain: _____

4) Payment Due:

I authorize the payment of \$ _____ (total payment authorized) for the Duplicate Certificate Fee(s).

Method of Payment: VISA Cheque or Money Order
 MC (Payable to *College of Opticians of British Columbia*)

Card Number: _____ Expiry Date: _____ / _____

Name on credit card: _____ Card Signature: _____

5) Important Information:

- Please mail your old certificate back to the College (if applicable).
- Your new certificate will be mailed to you once your payment and the old certificate (if applicable) is received by the College.

Registrant's Signature: _____ **Date:** _____