



## Request for Duplicate Receipt

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

**Registrant Name:** \_\_\_\_\_

**Registration number:** \_\_\_\_\_

**Order Summary:**

Quantity of Duplicate Receipt(s)	Duplicate Receipt Fee	HST	Total Due
<input type="checkbox"/> One (1) receipt for year: _____	\$10.00	\$1.20	\$11.20
<input type="checkbox"/> One (1) receipt <b>each</b> for years: _____ and _____ (total: 2 receipts)	\$20.00	\$2.40	\$22.40
<input type="checkbox"/> One (1) receipt <b>each</b> for years: _____ and _____ and _____ (total: 3 receipts)	\$30.00	\$3.60	\$33.60

**1) Select one:**

**2) 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: \_\_\_\_\_

**3) Special Instructions: Check all that apply**

- COBC is requested to fax the duplicate receipt(s) to the registrant at (fax number): \_\_\_\_\_
- COBC is requested to mail the original duplicate receipt(s) to the registrant.

**Registrant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_