



APPLICATION FOR REPLACEMENT CERTIFICATE FORM

Candidate details

*Current full name and title: Date of birth:	
Address: Tel. no: Email address:	
Name on original certificate (if different from above):	
CPCAB candidate no. (if known):	
Name and address of centre where you studied: Date of course/s:	
Title and level of unit(s)/qualification(s) for which certificate(s) is being requested:	

*Please note that all replacement certificates will only be issued in the name of the original certificate issued and will be marked as a 'replacement'.

Please turn over.....

Reason for replacement certificate request

Reason	Please tick	Actions
Damaged		You are required to include the damaged certificate(s) and explain below how the certificate was damaged before a replacement can be issued.
Spelling Error		You are required to return the original certificate(s) to us before a replacement can be issued.
Lost		Please explain below how the certificate(s) was lost.
Other		Please state below.
Please provide relevant explanation as requested above:		

Proof of identity for replacement certificate

You must provide a copy of one of the following: (please do not send original documents as CPCAB cannot be held responsible for loss/damage of original documents).

Birth certificate Driving licence Passport

If your name has changed since the issue of your original certificate then please **also** provide a copy of one of the following:

Marriage certificate Decree absolute Deed poll

Applications received without the relevant documents will be returned and will cause a delay in processing your request. If you are unsure of what documentation to provide then please contact CPCAB for advice.

Statement of fees

If centre request	Centres will be issued with an invoice on receipt of application and replacement certificate will be issued upon payment of the invoice.
If candidate request	Please send a cheque or postal order (made payable to CPCAB) for £35 per replacement certificate . Replacement certificates will not be issued until the cheque has cleared.

Declaration

I declare that the information on this form is correct to the best of my knowledge:

Signature Date.....

Print name.....

Replacement certificates will be sent within 21 working days of receipt of application.

Please return your completed form with cheque/postal order to: CPCAB, P.O. Box 1768, Glastonbury, Somerset BA6 8YP