



FIRST AID DUPLICATE CERTIFICATE REQUEST FORM

Please email completed form to ipsrfa@gmail.com

Date of Course: _____ Location: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Prov: _____ PCode: _____

Cell Phone #: _____ Business Phone #: _____

Email: _____

Birth Date: _____
Day (mandatory) Month (mandatory) Year (optional)

Name & Address of Employer (at time of course): _____

City: _____ Prov: _____

Name & Address of Present Employer (if different from above): _____

City: _____ Prov: _____

I consent to the collection, use, and disclosure of my personal information by Inter Provincial Safety Resources Ltd., as that information may be required for the purpose of carrying out the training services and other ancillary administration services ("Service") by Inter Provincial Safety Resources Ltd.. I authorize Inter Provincial Safety Resources Ltd. to collect personal information which may be required by them in order to complete such Services. I authorize Inter Provincial Safety Resources Ltd. to provide my personal information to my employer and others when reasonably required to carry out the Services. If I wish to revoke this consent or review my personal information Inter Provincial Safety Resources Ltd. has in its possession, I understand that I may do so by contacting Inter Provincial Safety Resources Ltd.'s Privacy Officer.

Signature of Applicant: _____

Please provide payment of \$31.50 (\$30.00 + 5% GST) by one of the following methods:

Visa MasterCard American Express

*Card # _____ *Expiry Date _____ *CVV _____

*Card Holder Name _____

*POSTAL CODE (shown on Credit Card Statement) _____

REQUIRED INFORMATION

FOR IPSR Use Only

Birth Date matches: Yes No*

IPSR Representative Approval: _____