



Certificate Order Form

Please indicate the certificate(s) you require:

- Dispensing
Contact Lens Fitter
Automated Refraction

What is the reason for ordering?

- New style certificate
Legal name change (please provide proof such as copy of government ID) \$35 per certificate
Replacement for lost, stolen or damaged \$35 per certificate
Duplicate certificate for an additional work location \$35 per certificate

Please return this form via email to reception@cobc.ca or via fax **604.742.6473** and allow 3-5 business days for us to respond before contacting the college.

If you are ordering for the new style certificate, please return your current certificate(s) to the mailing address below. Your order will be processed upon receipt of the old certificate(s) and will be mailed within 10 working days.

If you are ordering for any other reason, you will be contacted for payment upon receipt of this form.

Name: _____

Licence Number: _____