

CTG REPLACEMENT FORM

Title (Mr, Miss, Mrs, Ms):			
Surname:			
Given Name:			
Postal Address:			Postcode:
Suburb:			
Telephone:			
Email:			
Date of Birth:			
Driver's Licence Number:			
USI:			

2. REPLACEMENT DETAILS

I am applying for a replacement:

Certificate **Card**

I need to replace my: (please specify what type of training)

The date I did this ticket was: (if unknown, please specify what year and what ticket you did)

3. PAYMENT DETAILS

PLEASE NOTE:

We will also need a head shot if your card is before 2016.
 Please email this to: info@constructiontraininggroup.com.au

Replacement Card - \$65.00

Replacement Certificate
 Hard Copy: \$65.00

Payment can be made by EFTPOS, Bank Transfer (please see below for details) or Cash.
 Please select below payment form which was used.

EFTPOS **Bank Transfer**
 Credit Card **Cash** **Date Paid:** _____

BANKING DETAILS

Account Name:	Construction Training Group
BSB Number:	083 321
Account Number:	546 625 395
Reference:	Please use your name as reference so payment can be applied correctly

4. DECLARATION BY APPLICANT

I declare that, to the best of my knowledge, the personal information provided to Construction Training Group in this application is true and correct in every particular.

Signature of Applicant:	
Date of application:	