

RTO Number: 52413

PO Box 6127 East Perth WA 6892 Phone: 08 9221 6777 Fax: 08 9221 6776

Web: <u>www.amsaustralia.com</u> Email: <u>training@amsaustralia.com</u>

## **Replacement Certificate and/or Card Request**

Your Personal Details								
Title		Full Name						
Your USI Number								
Address				Post Code				
Email								
Phone								
Course Details								
Course Title				Date Attended (Approximately)				
Reason for Re-Print								
Nationally Recognised Training:  Qualification and Transcript of Results (Units)  Statement of Attainment  ARO Card (Only)				Non-Nationally Recognised Training:  Certificate of Completion  Certificate of Attendance				
Signature	Date							
Payment Details (Certificates will be issued when payment has been made)								
<ul> <li>□ Please charge my credit card \$27.50 (inclusive of GST) for a replacement Statement of Attainment.</li> <li>□ Please charge my credit card \$55.00 (inclusive of GST) for a replacement Qualification and Record of Results.</li> <li>(Note: Electronic copies of certificates can be emailed free of charge.)</li> <li>□ Please charge my credit card \$16.50 (inclusive of GST) for a replacement ARO Card.</li> </ul>								
Name on your card				Signature	9			
VISA/MASTERCARD Card Number: Expiry Date: /				Please note credit card payn 2% processing fee. We will co the CCV number			contact you for	
Admin Use Only								
Fee has been paid/I	e has been paid/Invoice reference:				Initial		Date	
Certificate sent					Initial		Date	
Copy of this form uploaded to student logbook on WiseNet					Initial		Date	

**Document Name:** AMS RTO Replacement Certificate Request Form

Revision:

**Amendment Date:** 08-10-2019 **Expiry Date:** 08-10-2020

Uncontrolled when printed

Created By: Amanda Reddicliffe
Approved By Amanda Reddicliffe
Peer Review: Desiree Muilenburg
Document Number: PER-TRN-FRM-0010