

**APPLICATION FOR REPLACEMENT CERTIFICATE(S)**  
**LOST AS A RESULT OF A CRIMINAL ACT**

Date: \_\_\_\_\_ PSP No: \_\_\_\_\_

I declare that as a result of a criminal act which occurred on \_\_\_\_\_  
at \_\_\_\_\_, my teaching/specialist certificates was/were taken.

I am therefore requesting a replacement and that the fee(s) be waived. **(Print clearly)**

Name: Mr./Mrs./Ms/Miss \_\_\_\_\_

Complete Address  
(Include city & postal code) \_\_\_\_\_  
\_\_\_\_\_

Certificates: \_\_\_\_\_

Incident number: \_\_\_\_\_

Name of Police Service: \_\_\_\_\_

Address of detachment  
where incident reported: \_\_\_\_\_

Phone no. of detachment: \_\_\_\_\_

Year certificate(s) issued: \_\_\_\_\_

Signature of claimant: \_\_\_\_\_

**NOTE: Please have someone witness your signature on this declaration.**

Witness: \_\_\_\_\_  
Print Name Signature

Address of witness: \_\_\_\_\_

Files will be randomly selected for audit with law enforcement agencies.

**Please return to:** PROFESSIONAL CERTIFICATION UNIT  
402 MAIN STREET BOX 700  
RUSSELL MB R0J 1W0  
FAX: 1-204-773-2411  
PHONE: 1-800-667-2378 or 1-204-773-2998

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