

Request for PSP Number
Fax to: Professional Certification Unit
Fax: 1-204-773-2411

Date _____

Division Name _____

Division Fax # _____

Full Legal Name _____

PSP # _____

Certificate # _____

Birthdate (DD-MMM-YYYY) _____

Full Legal Name _____

PSP # _____

Certificate # _____

Birthdate (DD-MMM-YYYY) _____

Full Legal Name _____

PSP # _____

Certificate # _____

Birthdate (DD-MMM-YYYY) _____

PSP Clerk

Date