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## APPLICATION FOR REPLACEMENT TAA40104 Cert IV Training & Assessment Course Certificate

(PLEASE PRINT CLEARLY – NO NICKNAMES)

First name in full: .....

Last Name (Surname): .....

**Home/Postal Address at time of attending the course:**

..... Town: .....

Post Code:..... Phone No:.....

Town of Birth: ..... Date of Birth: / /

**Current home/postal address if different since time of attending the course:**

..... Town:.....

Post Code:..... Phone No:.....

**If your employer is paying for replacement please provide details for Tax Invoice:**

Address:.....

Town:.....

Post Code:.....

Phone:.....

**Please read the terms below.**

I the person named above confirm that I have previously completed the TAA40104 Cert IV Course and are requiring a replacement of the original certificate issued.

### Evidence Required

Replacement TAA40104 Certificates are provided only to the person named on the original certificate. Applicants must provide evidence of one only of the following: passport\*; driver's licence\*; proof of age card\*; or birth certificate\*.

\* A certified copy is a photocopy that has been compared with the original and endorsed as a true copy by a Justice of the Peace or a public officer such as a police officer. The Justice of the Peace must include their Justice of the Peace identification number and signature on the copy. A public officer must include their full name, position title and signature on the copy and contact details.

**This copy must be mailed to us (faxed copies are not accepted).**

I \_\_\_\_\_ the person named above have read and agree to the terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for replacement: \_\_\_\_\_

### REPLACEMENT COST PER CERTIFICATE \$75.00 (must accompany application)

PAYMENT METHOD: Please circle - MONEY ORDER - CREDIT CARD (Visa, MasterCard) -  
Direct Deposit (REF: Rep-yourinitials BSB: 063153 ACCT: 10308437)

Credit Card Details

Card holder's name: .....

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CCV: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Authorised Amount: \$.....

Card holder's signature:.....