



REPLACEMENT CERTIFICATE REQUEST

Please note that there is a charge of £15 per replacement certificate. You are required to enclose payment by cheque this is payable to: Glass Qualifications Authority Ltd with this completed form if you are not an Approved Centre requesting a replacement.

(All sections must be completed)

Candidate Name: _____

Candidate Date of Birth: _____ Certificate Number: _____

Approved Centre name at which original certificate was issued:
(Training Provider/College/ Centre)

Reason Why Replacement Required:

Candidate Signature:

Original Certificate Enclosed: YES NO
(If no, details must be given as to why original not available)

(Approved Centre use only)	
Approved Centre Name: _____	
Name: _____	Signature: _____
Position: _____	

GQA Office use only	
Original Certificate No: _____	Replacement Certificate No: _____
Date Issued: _____	Date Issued: _____
	Signature: _____
Payment: Cheques Received <input type="checkbox"/> Invoice <input type="checkbox"/>	Date despatched: _____

**Return to: GQA Ltd, Provincial House, Solly Street, Sheffield, S1 4BA
Tel No: 0114 272 0033 Fax: 0114 272 0060**