

Board Order Replacement

\$10 Non-Refundable Fee Required

Name: _____		
_____	_____	_____
Last name	First Name	Middle Initial
Driver's Licence Number: _____		Date of Birth: _____ / _____ / _____
		Month Day Year
Telephone Number: (____) _____ - _____		Email address: _____
Address/PO Box: _____		
City: _____	Province: _____	Postal Code: _____

I, _____, am hereby requesting a copy of
my most current Board order for the following reason:

- ☐ Lost
☐ Damaged
☐ Stolen

Date: _____

Signature: _____

Office Use Only:

Date

Completed by

Please retain copies of submitted documents for your records.