



Application for a Replacement Certificate of Professional Competence

Name [Capital Letters]

Address [Capital Letters]

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Ph/Mob Number..... **Email**

City of Birth.....**Country of Birth** **Date of Birth**

CPC Number..... **Date of Examination**.....

Passenger/Haulage..... **National/International**.....

Previous Address (if applicable)

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Reasons for applying for a replacement certificate

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Signature **Date**.....

NOTE

The fee for a Replacement Certificate of Professional Competence is €25.00. For identification purpose, enclose **copy** of your passport or driver's license with your application.

Any circumstances in relation to change of name or address should be notified to CILT within two months. The fee for amended certificate is €25.00

Payment can be made by credit/debit card. An official receipt will be issued for all payments.

PLEASE DEBIT MY CREDIT CARD/DEBIT CARD WITH THE AMOUNT: € _____

CARD NO:

EXPIRY DATE: _____ CVV: _____