

## REPLACEMENT CERTIFICATE FORM

### LEVEL 3 SITE SUPERVISORY STUDIES & LEVEL 4 SITE MANAGEMENT

**Please send a:**

- Replacement Certificate/Letter of Confirmation with notification of unit achievement - *Complete ALL sections*
- Verification of original documentation (attach photocopy) - *Complete sections A & B*

**Section A - Personal Details**

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<b>Address:</b>
<b>Current First Name:</b>	
<b>Current Surname:</b>	
<b>Full name at time of award (if different):</b>	<b>Town/City:</b>
<b>Date of Birth:</b>	<b>County:</b>
<b>Daytime Phone No:</b>	<b>Postcode:</b>
<b>Email Address:</b>	

Name and address where Certifying Statement of Results / Transcript or Verification is to be sent if different from above:

<b>Full name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Reference No:</b>	

**Section B - Examination Details**

<b>Year of Registration and Year of Award / Completion: Start/ Finish:</b>	
<b>Name of College at time of Certification:</b>	
<b>Town / County:</b>	
<b>Membership No. (if known)</b>	
<b>Type (SMETS, NQF, QCF): Level (e.g. Certificate, Diploma):</b>	
<b>Course Name:</b>	
<b>Original received (Y/N):</b>	

<b>Applicant's Signature:</b>	<b>Date:</b>	
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### Section C - Declaration

(to be completed by Applicants unless returning damaged/defaced certificates)

Declaration of loss/non receipt

<b>Full name:</b>	I
<b>Explain nature of loss:</b>	Do solemnly and sincerely declare that:

I undertake that if I retrieve the original document, I will return the replacement immediately to the CIOB.

<b>Applicant's Signature:</b>		<b>Date:</b>	
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**Countersignature by:** A professionally qualified person (e.g. Chartered Construction Manager/Builder, Doctor, Lawyer or Teacher) known to you personally for one year but must not be a relative.

<b>Full name:</b>	I		
	* Certify that the applicant has been known to me for one year as		
<b>Enter in what capacity:</b>			
	And to the best of my knowledge & belief the facts stated on this form are correct		
<b>Witness Signature:</b>		<b>Date:</b>	
<b>Profession:</b>			
<b>Business Name:</b>			
<b>Address:</b>			
<b>Town/City:</b>			
<b>County:</b>			
<b>Postcode:</b>			
<b>Telephone No:</b>			

<b>Office Use Only:</b>

## **APPLICATION FOR A REPLACEMENT CERTIFICATE**

Please read the following carefully and ensure that the form is completed correctly before submitting it to us.

The candidate must complete all applicable sections of the form and sign and date it.

Applications **will not** be processed without proof of identity. Please provide **ONE** of the following with your completed form. **Please DO NOT send originals.**

1. a photocopy of your birth certificate (and marriage certificate if applicable)
2. a photocopy of the pages of your passport showing name and date of birth
3. a photocopy of your driving licence.

Further to confirmation from the CIOB that original certificate claims forms/letters have been located, a payment of £25 per certificate is required. In order to do this, you will need to contact our Accounts Department on 01344 630831 and pay by credit/debit card over the phone quoting your Membership No.

The following will be sent as a **Replacement Certificate**:

SMETS qualification - Pre 2002  
NQF qualification - 2002-2010  
QCF qualification - 2010 - 2016  
RQF qualification - 2016 onwards

A certificate is a valuable document and should be carefully preserved. In no circumstances will we issue copies or duplicates to any applicant holding an original certificate. The loss or destruction of a certificate is a serious matter and a duplicate will only be issued at our discretion and where loss is affirmed in Section C. Damaged certificates will only be replaced if the original damaged certificate is returned.

Duplicates, whilst of precisely the same standing as the originals they replace, are produced in the layout currently used and may not be facsimiles of the original.

Please send the Application Form and identification to the following address:

**The Chartered Institute of Building**  
**Downshire Way**  
**Bracknell**  
**Berkshire**  
**RG12 1WA**  
**Tel: 01344 630 700**

**PLEASE NOTE THAT ANY INCOMPLETE OR INCORRECT SUBMISSIONS WILL DELAY YOUR APPLICATION.**

**It is the CIOB's Policy not to alter a student's name on the permanent record of results.**