Reset

FORM L

COPY OF CERTIFICATE

Requesting a copy of (please check): ☐ Teacher's Certificate ☐ Principal's Certificate

New Brunswick Certification Number: (7 digits) _____

Name: _____
(Surname) (Maiden) (First Name) (Middle Name)

Date of Birth: _____
(YYYY) (MM) (DD)

Mailing Address: _____

_____

_____

_____

Telephone Numbers:

Home: _____

Work: _____

Cell: _____

E-mail: _____

The fee for a copy of your certificate is $30.00 each. Payment must be made by money order or cheque payable to the Minister of Finance, Province of New Brunswick.

Once your application form has been received by our office, please allow 4 weeks to 25 work days for processing.

_____ _____
(Signature) (Date)

Office of Teacher Certification - Department of Education and Early Childhood Development
P.O. Box 6000, Fredericton, NB E3B 5H1 Tel.: (506) 453-2785 Fax: (506) 453-5349
teachercertification@gnb.ca

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