



# FORM L

## Request for a Copy of Certificate

### IMPORTANT INFORMATION

- Applications are only processed after receipt of all required documents by the Office of Teacher Certification. Please allow **20 to 25 business days** for your application to be processed. We kindly request that you wait until the end of this period before asking for an update on your file.
- Form L and confirmation of payment (if fee is paid by e-Transfer) may be sent to us by email: [teachercertification@gnb.ca](mailto:teachercertification@gnb.ca)
- Please allow 10 business days for us to respond to an inquiry.

### PERSONAL INFORMATION

Last Name			
First Name			
Middle Name			
Maiden Name			
Certification No.			
Date of Birth	YEAR:	MONTH:	DAY:
Phone Numbers	HOME:	WORK:	CELL:
Email address			
Mailing Address	No.	STREET:	APT.:
	CITY:	PROVINCE:	POSTAL CODE:

### COPY REQUESTED

Teacher's Certificate

Principal's Certificate

## FEE

● Fee: \$30.00

Money order or cheque, payable to the **Minister of Finance, Province of New Brunswick**  
**OR e-Transfer**

Please provide a confirmation of payment (screenshot of the transfer) with your form.

e-Transfer email: [eeed-edpefinanceservices@gnb.ca](mailto:eeed-edpefinanceservices@gnb.ca)

Please enter the following information in the message box when sending e-Transfer:

- Full name (including maiden name)
- Certification Form used: Teacher Certification Form L
- Amount paid: \$30.00
- If you are asked to enter a question and password, then proceed. However, there is no need to advise us of the question and password as our system is set up for automatic deposit.

Customers of UNI and Desjardins credit unions are asked not to use e-Transfer and to pay by cheque or money order.

## DECLARATION AND CONSENT

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I authorize any person, government, administration, educational institution, police force, military authority, governing body, or other organization inquired under this authorization to provide the New Brunswick Department of Education and Early Childhood Development with all relevant information or documentation requested. I accept responsibility for advising the Department, in writing, of any change to the information contained in this application.

Signature

Date

## CONTACT INFORMATION

### Mailing Address (For documents sent by mail)

Office of Teacher Certification  
Department of Education and Early Childhood Development  
P.O. Box 6000  
Fredericton NB E3B 5H1

### Physical Address (For documents sent by couriers such as Purolator, FedEx, UPS)

Office of Teacher Certification  
Department of Education and Early Childhood Development  
Place 2000  
250 King Street  
Fredericton NB E3B 9M9

Phone: (506) 453-2785

Fax: (506) 453-5349

Email: [teachercertification@gnb.ca](mailto:teachercertification@gnb.ca)

SEPTEMBER 2024