

Training Document Request Canadian Police College

					Date	(yyyy-mm-aa)	
Requestor							
Name	Address			С		City	
Province Postal Code (A9A 9A9)	Telephone Number (i	nclude area code)	Email				
Send Documents to							
Organization	Name		Address				
City	Province Postal Code (A9A 9A9)		Telephone Number (include area code)				
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Request Type							
Description		Price		Quantity		Total	
Letter of Attestation							
Replacement Certificate							
Method of Payment							
	yable to Receiver Gene	ral of Canada	Credit Card:	: For Payment Please	Call CPC	Finance at 613-993-6800	
Authorization							
I agree to the release of this information.				I-		1.0	
Signature					Date (yyyy-mm-dd)		
Canadian Police College Contact Box 8900 Ottawa, Ontario Canada K1G 3J2 Tel.: 613-993-6033 Fax: 613-993-9454 cpcregistrar@rcmp-grc.gc.ca For Canadian Police College Us							
Document Request Approved Yes) No						
Name of CPC Registrar	Signature of CPC Registrar				Date (yyyy-mm-dd)		
Name of CPC Finance	Signature of CPC Finance				Date (yyyy-mm-dd)		

