Enquiries: certification@qcto.org.za  
Tel: 012 003 1800  
  
**APPLICATION FOR RE-ISSUE/REPLACEMENT OF OCCUPATIONAL CERTIFICATE**  
Please select  
  
Re-issue: (Correction of certificate) Replacement of a lost certificate   
  
Please ensure that the following documents accompany your application:

1. Certified copy of ID/Passport document (Not older than 6 months)
2. Certified copy of the original certificate (if available)
3. Detailed affidavit indicating the reason for the request
   1. An indication of how the certificate was lost and steps taken to locate the certificate if a replacement is requested.
   2. Reason for the re-issue of a previously issued certificate – what corrections must be effected.
4. Proof of Payment of the requisite fee
5. **NOTE:** If a re-issue is requested, the original certificate must be returned to the QCTO ***before*** the request will be processed.

**REPLACEMENT CERTIFICATE:** Complete ***ALL*** fields

|  |  |
| --- | --- |
| Learner surname | Click or tap here to enter text. |
| Learner first name(s) | Click or tap here to enter text. |
| Learner ID number | Click or tap here to enter text. |
| Qualification Title | Click or tap here to enter text. |
| Qualification Code | Click or tap here to enter text. |
| Date assessed | Click or tap here to enter text. |
| Date Certificate | Click or tap here to enter text. |

**Re-issue of a previously issued certificate - correction**  
**NOTE:** The original certificate ***must*** be returned to the QCTO ***BEFORE*** the request will be processed.  
  
Changes on a certificate following a change of personal details through a Home Affairs process does not constitute a request for change of personal details. The certificate is issued as per details at the point of assessment.  
  
Please indicate all corrections to be effected.

|  |  |  |
| --- | --- | --- |
|  | **As on the certificate** | **Correct information** |
| Learner Surname | Click or tap here to enter text. | Click or tap here to enter text. |
| Learner first name(s) | Click or tap here to enter text. | Click or tap here to enter text. |
| Learner ID number | Click or tap here to enter text. | Click or tap here to enter text. |
| Date assessed | Click or tap here to enter text. | Click or tap here to enter text. |
| Certificate number | Click or tap here to enter text. |  |

**Please complete details on page 2 and sign**

Name of official if requested by the AQP or Applicant (Certificate Holder: Click or tap here to enter text.

Signature :Click or tap here to enter text.  
  
Designation: Click or tap here to enter text.  
  
Date: Click or tap to enter a date. Contact number: Click or tap here to enter text.  
  
E-mail address: Click or tap here to enter text.