

**REQUEST FOR REPLACEMENT OF
TRANSCRIPT OF MARKS OR ADULT HIGH SCHOOL DIPLOMA**

- Document(s) requested: Transcript of Mark(s) (Fee \$5)
If a transcript is being requested,
 do you want all marks to appear or
 just one specific mark?
- Adult High School Diploma (Fee \$10)

Payment options: Certified cheque or money order made payable to Minister of Finance.

Full name: _____

Name at time of testing/diploma if different than above:

Mailing address: _____

Telephone: () _____

Social Insurance Number: _____

Date of Birth: _____

***Complete this section only if you want this transcript/
diploma sent to someone other than yourself:***

Name of person or institution: _____

Mailing address: _____

OR _____

Fax number: () _____

Signature: _____ Date: _____

Mail this request along with the required payment to:

Pesticide Exam Administrator
Department of Post-Secondary Education, Training & Labour
Apprenticeship and Certification
470 York Street, Suite 120, P.O. Box 6000
Fredericton NB E3B 5H1