

Test Result Reprint Request

To complete this form on your computer you must first download it. Alternately, you may print the form, fill it out, and send it by email attachment, fax, or by letter mail. The contact information is found at the bottom of this form.

Personal information (please print)

Last Name First name

Home telephone No. Telephone No. at work Email

Area code Number Area code Number

Examination identification

→ Please indicate the first examination for which you want to receive a reprint.

Examination title

Examination date Test result (if known)

→ If applicable, please indicate the second examination for which you want to receive a reprint.

Examination title

Examination date Test result (if known)

Method of payment

→ Credit card: Visa MasterCard month year

No: Expiration date:

You can also send this form making sure to enclose, if appropriate, a cheque or money order.

→ Attached: money order cheque Payable to SOFAD

Cost for 1 examination \$10.00
plus applicable taxes

Cost for 2 examinations \$20.00
plus applicable taxes

Sub-total

GST

No 141227892 RT

PST

No 1018814907

Total

A receipt will be issued.

Note: These fees are not refundable.

Once you have duly completed this form, please send it to the address noted below or by email or fax.

Customer Service SOFAD

2100 de Maisonneuve Blvd E, Suite 200, Montreal (Quebec) H2K 4S1
Telephone No.: 514 529-2800 or 1 866 840-9346 – Fax No.: 514 529-4788
Email: info@sofad.qc.ca

I confirm that the information provided above is proof of my examination registration with SOFAD.