

AIR CADET LEAGUE OF CANADA BRITISH COLUMBIA PROVINCIAL COMMITTEE

#2- 7630 Montreal Street, Delta, BC Canada V4K 0A7 PHONE: 604-732-9119 FAX: 604-732-9115 Toll Free 1-866-614-BCPC (2272)

Email: screening@aircadetleague.bc.ca Website: www.bc-aircadetleague.com

REQUEST FOR REPLACEMENT SCREENING CARD

Registered and Screened Members use this form when requesting to have their screening card replaced.

Email this document to the BCPC off	ail this document to the BCPC office for processing (screening@aircadetleague.bc.ca):	
DATE (of request):	CARD#	
Registered Member's name:		
Date of Birth:		
Member's Signature:		
egistered Member's name: ate of Birth: ember's Signature: PHOTO ID to be attached ** eason for replacement request: Lost Card replacement Member Status Change Confirm current status and indicate changed status quadron Sponsoring Committee: C Legal Name) SC Chair Name: ease print name) SC Chair's Signature: ACLC/BCPC OFFICE USE ONLY Card #:		
	E (of request): CARD# stered Member's name: of Birth: ber's Signature: IOTO ID to be attached ** son for replacement request: ost Card replacement Member Status Change Confirm current status and indicate changed status addron Sponsoring Committee: chair Name: aprint name) Chair's Signature: ACLC/BCPC OFFICE USE ONLY ard #: te rec'd: te Reprinted: te Shipped: te Shipped:	
Reason for replacement request:		
1) Lost Card replacement		
2) Member Status Change	urrent status and indicate changed status	
SSC Chair Name:(Please print name)		
SSC Chair's Signature:		
·	ed Member's name: ded Member's name: dirth: s Signature: O ID to be attached ** for replacement request: Card replacement ber Status Change Confirm current status and indicate changed status in Sponsoring Committee: air Name: t name) air's Signature: ACLC/BCPC OFFICE USE ONLY ce'd: eprinted: hipped:	
ACLC/	BCPC OFFICE USE ONLY	
Card #:		
Date rec'd:		
Date Reprinted:		
Date Shipped:		
Completed by:		