



## Additional Credential Submission Form

### 1 PERSONAL INFORMATION

canfitpro ID	
Last Name	
First Name	Middle Initial
Address	
City	Province
Phone	
Email	

### 2 CREDENTIALS

repscanada will accept recognized certifications, trainings, degrees, diplomas, CPR, AED and First Aid trainings.

Please visit [www.repscanada.com](http://www.repscanada.com) to ensure that your credentials are recognized by repscanada.

I am submitting \_\_\_\_\_ credentials for  
NUMBER  
verification and display on **repscanada**.

### 3 PACKAGE OPTIONS (Please select the appropriate package based on quantity of credentials submitted.)

	Quantity	Price	Total
<b>Enrolment Submission (3)<sup>†</sup></b>		\$0	
<b>Package 1 (1 credential)</b>		\$1.99	
<b>Package 2 (2-3 credentials)</b>		\$4.99	
<b>Package 3 (4-15 credentials)</b>		\$19.99	
<small>†enrolment submission: first three (3) credentials submitted will receive complimentary verification and display on repscanada  * GST (Goods and Services Tax) applicable in Quebec, British Columbia, Manitoba, Alberta, Northwest Territories, Nunavut, and Saskatchewan.  ** HST (Harmonization of Sales Taxes) applies only to the Canadian provinces of Prince Edward Island (14%), Newfoundland (13%), Nova Scotia (15%), New Brunswick (13%) and Ontario (13%) and includes both GST and PST.</small>		<b>Subtotal</b>	
		<b>+ GST* at 5%</b> <b>Or</b> <b>+ HST** at ____ %</b>	
		<b>TOTAL</b>	

### 4 PAYMENT INFORMATION (Payment may be submitted by Visa or MasterCard)

Card Number	Expiry Date
Authorizing Signature:	

### 5 DISCLAIMER

My signature below indicates that I understand that I am solely responsible for any credentials that I submit and I agree to only submit information that is true and accurate. I understand and agree that all such information is subject to review and verification by repscanada.

Name (Print)	Signature	Date
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