



# DUPLICATE EVALUATION REPORT ORDER FORM

**International Credential Evaluation Service**

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

F 604.435.7033

## PERSONAL INFORMATION

Surname (Family Name)		Given Name		ICES Client Number	
Mailing Address					
(2nd line if necessary)				Email	
City/Town/Village		Province/State	Postal Code	Country	
Home Phone (include country & area code if relevant)		Date of Birth (dd/mmm/yy)		Number of copies to be sent to me at the above address:	

## REPORT ORDER FORM

Number of copies to be sent to the address below				
Institution/Organization Name				
Mailing Address				
City/Town/Village		Province/State	Country	Postal Code
Contact Name				

Number of copies to be sent to the address below				
Institution/Organization Name			Contact Name	
Mailing Address				
City/Town/Village		Province/State	Country	Postal Code

## FEE

Fee for each copy of your evaluation report: \$20.00 Cdn.		<input type="checkbox"/> Regular Mail (no fee) <input type="checkbox"/> Courier (in Canada \$26; outside Canada \$75)	
Total number of copies ordered	x \$20.00 +	courier cost (if applicable) = \$	Cdn.
<small><b>Note:</b> Courier deliveries cannot be made to post office box numbers. If your only address is a post office box number, please provide us with a street address or we may have to default to regular mail for the return of your documents and evaluation report.</small>			

## PAYMENT METHOD

How would you like to pay for your additional copies?	
<input type="checkbox"/> Cashier's Cheque <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> American Express <input type="checkbox"/> VISA or MasterCard <input type="checkbox"/> Traveller's Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Cash <input type="checkbox"/> Debit or Cheque Card (in person only)	
If you wish to pay your fees by credit card, please enter the number here	Expiry Date (mo./yr.)
VISA/MasterCard	AMEX
Cardholder Name (print)	Cardholder Signature

In accordance with the British Columbia Freedom of Information and Protection of Privacy Act, I authorize the International Credential Evaluation Service to send the official copy of copies of the ICES Evaluation Report as I have indicated above.

Client Signature	Today's Date
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