

SERVICE REQUEST FORM for REPLACEMENT OF LMCC DOCUMENTS INSTRUCTIONS

IMPORTANT

- Please allow a minimum of 10 business days for processing your request.
- Once your request has been processed and issued, we will notify you through your account.
- If you do not have an account, please send us an email at service@mcc.ca and we will help you create an account.
- If there are any specific requirements or special instructions, please indicate them in a signed letter that you include with this request.
- ONLY THE NAMED MCC CANDIDATE may submit this request. Requests from a third party **will not** be accepted.

Please note that the MCC reserves the right to request supplemental documents such as a Certified Identity Confirmation form and a certified identification document, if needed. Candidates assume applicable certification costs.

COURIER OPTION FOR DELIVERY OF REQUESTED DOCUMENTS

- We strongly suggest you use a courier service (e.g. Purolator) to deliver your requested documents.
- Documents sent by courier can be tracked. This is especially important for time sensitive requests.
- The MCC is **not responsible** for documents sent by **regular post**.
- The fee schedule for courier service is as follows:

Canada	Provinces	\$ 32
	Territories	\$ 37
U.S.		\$ 63
International		\$ 143

**** Please include the courier fee in your payment on the attached Credit Card Authorization form***

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MCC Candidate Code or LMCC Number:		
Surname	Given Name(s)	
Date of Birth (yyyy/mm/dd)	Email address	Telephone

Replacement of LMCC documents	Fee: \$104 each
<p>1. Which document are you requesting? *Please note: You must select BOTH if due to a NAME CHANGE.</p> <p><input type="checkbox"/> Replacement of the Certificate of Registration (wallet-sized card) <i>For additional requirements: mcc.ca/documents/replace-lmcc-documents</i></p> <p><input type="checkbox"/> Replacement of the Testamur (wall-hanging certificate) <i>For additional requirements: mcc.ca/documents/replace-lmcc-documents</i></p> <p>2. Complete the Credit Card Authorization form (see p.3) and check one of the following:</p> <p><input type="checkbox"/> I am returning the original LMCC documents to the MCC with my request package</p> <p>OR</p> <p><input type="checkbox"/> I do not have my original LMCC documents and I am providing a statutory declaration (i.e., affidavit) certified by a lawyer or a notary public stating:</p> <ol style="list-style-type: none"> 1. The reason why I do not have my original LMCC documents (e.g., documents lost, stolen, destroyed, etc.). 2. If the original Certificate of Registration and/or Testamur is/are subsequently located, the original(s) will be returned to the MCC office. 	

Documents should be sent to the following address:		
Name*	Email*	
Room or suite number* (required for hospital and university addresses)	Street number* (PO Boxes NOT acceptable for courier)	Street name*
City*	Province/State	
Country*	Postal/Zip Code	Telephone of recipient*

* Required

PAYMENT CHECKLIST	<input checked="" type="checkbox"/> Document fees	\$			
	<input checked="" type="checkbox"/> Courier fee	\$			
				TOTAL	\$

 _____ * Signature	_____ * Date (yyyy/mm/dd)
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* Required

