

**TEACHER QUALIFICATION SERVICE**  
 #106 – 1525 West 8<sup>th</sup> Avenue – Vancouver, BC V6J 1T5  
 Tel: 604-736-5484 [www.tqs.bc.ca](http://www.tqs.bc.ca) Fax: 604-736-6591

## Replacement Card or Change of Information Application

This is **not** an application for category upgrade, this form is for lost cards or information changes **only**

1.

**Name:** Surname \_\_\_\_\_ First & Middle Names \_\_\_\_\_

2.

Previous Surname(s) \_\_\_\_\_ Birth Date: (Month / Day / Year) \_\_\_\_\_

**Address:** Apt # \_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. I am applying for:  a replacement (lost card) **OR**  a revised card (name or certificate change)

\*\*Note: If you are applying for a name change, please provide a copy of a legal name change document.

4. Photocopy of TRB/BCCT Teaching Certificate:  Enclosed TRB/BCCT # L \_\_\_\_\_  
 (wallet card **not** acceptable)

5. I am currently employed by a BC Public School:

Yes: District # _____ <b>and</b> proof (ie: photocopy of paystub) is <input type="checkbox"/> Enclosed
No: I am seeking employment in BC Public School District(s) # _____

6. **I understand that the responsibility for submitting the required documentation rests solely with me.**

7. I certify that the particulars set out in this application and the documentation attached are true in all respects and that no relevant information has been withheld.

8. In the event that the TQS staff deems it necessary, I grant the TQS authority to solicit additional information required to evaluate my academic and professional training from the Teacher Regulation Branch and institutions where I have obtained my education and professional training.

9. I understand that a copy of the TQS Regulations, including those relating to reviews and appeals, is available on the TQS website ([www.tqs.bc.ca](http://www.tqs.bc.ca)). I acknowledge that, following receipt of a TQS category card, subject to TQS Policy 8.2, I will have a right to seek a review by the Director of the TQS of the category which is assigned to me and a further right to appeal the Director's decision to the Teacher Qualification Board.

10. **In evaluating the information that I submit to the TQS, whether with this application or at any other time, the TQS staff may, through negligence or otherwise, assign me a category different than the one to which I am entitled.** I acknowledge that following receipt of a TQS category card it will be my sole responsibility to ensure that I have received the correct TQS category. If I believe that an error has or may have been made, it is my responsibility to immediately initiate a review of the category assigned to me, subject to TQS Policy 8.2.

11. I have read 6-11 and I personally assume all risks in connection with the evaluation of my credentials by the TQS staff for the purpose of assigning me a TQS category and I hereby release the TQS and its directors, officers, and staff from any liability in connection with any loss or damage which I may suffer, directly or indirectly, as a result of the assignment to me of an incorrect TQS category.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_