

AIR CADET LEAGUE OF CANADA BRITISH COLUMBIA PROVINCIAL COMMITTEE

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REQUEST FOR REPLACEMENT SCREENING CARD

Registered and Screened Members use this form when requesting to have their screening card replaced or their Status within the Sqn/SSC is changing.

FAX or Email this document to the BCPC office for processing.

DATE (requested): _____ **CARD#** _____
(Include card # if known)

Registered Member's name: _____

Date of Birth: _____

Member's Signature: _____

**** PHOTO ID to be attached ****

Reason for replacement request:

1) *Lost Card/ Replacement requested:* (check)

2) **Volunteer Status Change** _____
Clarify current status of volunteer and indicate change in status (such as moving from member volunteer to Non Member Volunteer)

3) **Other reason:** _____

Squadron Sponsoring Committee: _____
(SSC Legal Name)

SSC Chair or Screening Director's Name: _____
(Please print name)

Chair or Screening Director Signature: _____

ACLC/BCPC OFFICE USE ONLY

Card #: _____

Date rec'd: _____

Date Reprinted: _____

Date Shipped: _____

Completed by: _____