COPE TESTING
COPE Testing Ltd. 7B Pleasant Boulevard, Box 957 Toronto, Ontario, M4T 1K2

COPE IDENTIFICATION STATEMENT

Print out form, fill in information and attach photos.
Mail in Section A. Keep Section B to bring to the Test.

SECTION A (for COPE Testing Ltd.)

Family name:	Given names:
Date of Birth: / / (YYYY/MM/DD) year / month / day	
Date of Test:	Signature of Candidate:
Home Phone Number:	Email:

Credit Card details: Expiry date _____ (Month/Year) Amount paid _____

VISA [ ] MASTERCARD [ ] __ __ __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __

Name of Cardholder _____ Signature of Cardholder _____

The following declaration must be made by a Canadian citizen who has professional status (e.g.teacher, principal, doctor, lawyer, manager) and who is not a relative.

I, _____ certify that this photograph is a true likeness of _____
(name of witness above) (name of candidate above)

Signature of witness (please sign across photograph):		Affix passport size photo here
Profession	Business Telephone	

SECTION B (bring to the test with you)

Receipt Number:		Affix passport size photo here
Family name:	Given names:	
Signature of Candidate:		
Date of Birth: / / (YYYY/MM/DD)		