

Application for Replacement Documentation

Contact a NTCET Certification Officer prior to filling an application

NTCET Certification Officer, Teaching and Learning 10-12

Address: Level 11 Mitchell Centre, 55-59 Mitchell St, Darwin NT 0800

Postal Address: GPO Box 4821, Darwin NT 0801

Phone: (08) 8944 9253 or (08) 8944 9254

Email: ntcertification.det@nt.gov.au

Applicant Details:

Student Name: Date of Birth:

Name on original document if different to above:.....

Postal Address:..... State:..... Postcode:.....

Mobile No: Email:.....

School(s) attended:.....

Highest Grade Completed: The Year You Left or Graduated School:.....

Please tick **ONE** box:

Document Type	Cost	
1) Record of Achievement: (includes Year 11 & Year 12 & TER/ATAR if applicable)	\$22.00	<input type="checkbox"/>
2) NTCET Certificate: (includes Certificate, TER/ATAR, & Record of Achievement)	\$50.00	<input type="checkbox"/>

Year 10 Results

- If you require your Year 10 results, please contact a NTCET Certification Officer to see if your records are available
- If you attended a Non-Government school, you will need to contact the school directly for your results
- Year 10 results after 2001 are available at the school you attended

For applications made by another person:

Requests for replacement documents can be made only by the person who is named on the document except where the person is overseas or interstate. Application may then be made on behalf of students by parents or siblings and the Statutory Declaration on page 3 must be completed.

Requested by:Signature:.....

Relationship to Applicant:.....

STATUTORY DECLARATION

(1) I,
(Name & Address of person making declaration)

..... do solemnly and sincerely declare

(2) I declare that the original document has been:

- lost stolen damaged destroyed

(3) And I make this solemn declaration by virtue of the Oaths Act and conscientiously believe the statements contained in this declaration to be true in every detail.

Declared at:.....

Date: By:.....
(Signature of person making the declaration)

Witness:
(Signature of person before whom the declaration is made – Witness over the age of 18 years)

.....
.....
(Name, address, and telephone number of the witness before whom the declaration is made)

NOTE: A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both.

Payment Options:

Pay at a National Bank branch or via internet banking using:

BSB: 085-461

Account Number: 351610000

Account Name: RECO DARWIN

Reference: ARD – Your Surname

Payment at a Receiver of Territory Monies (RTM) Office:

Cheque/cash deposited to Account Code 350109-166911; GST Code S10

Office locations:

Darwin 8999 1606 Level 7, Charles Darwin Centre, 19 The Mall

Casuarina 8943 6219 The Domain, 16 Scaturchio Street

Alice Springs 8951 6491 1st Floor Alice Springs Plaza, Todd Street Mall

Katherine 8973 8715 1st Floor, Government Centre, First Street

RTM office hours are 08:30 – 16:00 Monday to Friday.

Receipt of payment MUST accompany this form.