

CHANGE OF ADDRESS NOTIFICATION FORM – RSEP INSTRUCTOR

Name:	Forename:	Card number:
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This is going to be my new address from:		(DATE)
Number:	Street:	Apartment:
City:		Zip code:
Phone number:	Cell phone:	Email address:

Let us know that you are moving / have moved by sending this form dully filled in to the following email address:

formateurs@aqtr.qc.ca or fax it at 514 370-8559.

Please, also send us a color copy of your current driver's license. Thank you!