



BELIZE TOURISM BOARD

P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

QUALIFIED RETIRED PERSON CARD REPLACEMENT FORM

Date Submitted: (dd/mm/yyyy) _____

Immigration ID #		BTB Control #	
Name of Applicant:	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	<small>day</small> <small>month</small> <small>year</small>
Address:	<small>Street</small>	<small>Town or City</small>	<small>District</small>
Email Address:		Phone/Cell #	

The following documents must be submitted with Replacement Form:

- Police Report not older than 3 months
- Payment of BZD \$50.00 Replacement Card Fee
- Copy of Passport Bio Page
- One Recent Photograph

DECLARATION

I HEREBY declare the following reason(s) for a QRP card replacement:

I DEEM my previous QRP card irretrievable and hereby apply for a new card for the current license period being year 20____. I HEREBY UNDERTAKE to indemnify the Belize Tourism Board for any consequential issues that may arise from the use of the replacement card in the place of the original.

Signature of Applicant

Date

For Official Use Only

Confirming Licensing Officer

Date

Director of Business Development

Date

Recommending Licensing Manager

Date

Status: **Approved** | **Denied** | **Committee Review**

Receipt # _____ Date Paid: _____