

**CHCP CERTIFICATION RENEWAL**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr.  Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently a regular member of the ACLS  Yes  No

Please provide an Office or Residence address  Office  Residence

Company Name (if applicable):

Address:

City or Town: Prov. / Terr. / State:

Postal or Zip Code: Country: Tel: Ext.: \_\_\_\_\_

Email:

I am renewing the following certification:

Certified Hydrographer

Certified Hydrographer Tech

Certified Hydrographer Executive

**Your renewal form must include a covering letter and all required documents, as described in the CHCP Candidate Handbook**

**Renewal fees are $225 for ACLS members, and $350 for ACLS non-members.**

**Please indicate method of payment:**

Cheque enclosed  MasterCard  Visa

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date