

**CANADIAN HYDROGRAPHER CERTIFICATION PANEL**

**CANDIDATE APPLICATION – FORM**

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 applying as the following type of candidate:

Level 1

[ ]  Category A

[ ]  Category B

[ ]  Holder of CLS Commission Number

[ ]  Other (please specify)

Level 2

[ ]  Category B

[ ]  Other (please specify)

**Please send this form, along with all required information (see attached checklist) and the applicable candidate registration fee. (CAD $ 325.00 for ACLS Regular Members or CAD $ 500 for others), Please indicate method of payment:**

[ ]  Cheque enclosed [ ]  MasterCard [ ]  Visa

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

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Signature Date