



Certification of Surveying Experience

N.B. : All information supplied will be treated confidentially by the ACLS.

Identification of the trainee

Surname and given name _____

Employment of the trainee covered by this certification

Company name _____

Address _____

Municipality _____

Province _____

Postal code _____

E-mail _____

() _____

() _____

Telephone _____

Fax _____

Trainee's title _____

Name of immediate supervisor _____

Supervisor's Professional Affiliation _____

Employment starting date :

_____ / _____ / _____
Year Month Day

Employment termination date (if applicable) :

_____ / _____ / _____ Reason for leaving _____
Year Month Day

If part-time employment, specify : _____

Identification of the supervisor

Surname and given name _____

Professional Affiliation _____

Company name _____

Title _____

() _____

Telephone _____

E-mail _____

[REPLACE THIS PAGE BY YOUR OWN WORK EXPERIENCE]

DESCRIPTION OF WORK EXPERIENCE

Your particular situation will require you to describe surveying activities and accomplishments that are different from the ones suggested here. A well-structured description should be presented on a maximum of two pages.

DESCRIPTION OF WORK EXPERIENCE			
PART A			
Context and work situation, responsibilities within the company			
PART B			
Time *	Surveying activities	Accomplishments	
%			
%			
%			
%			
%			
<p>* % of time devoted to this activity in relation to the entire period covered by this certification.</p> <p>We certify that the information contained in this document is, to the best of our knowledge, true.</p>			
<i>Signature of the trainee</i>	<i>date</i>	<i>Signature of the supervisor</i>	<i>date</i>