

Application Form LICENCE TO PRACTICE

For surveyors not holding a provincial commission

Surname:			Mr.	☐ Ms.	☐ Mrs.
Given Name(s): Company or Organization :					
If you are submitting this application a are already a member, complete this sec					
Office Address : Prov. /Ter Tel. : Prov. /Ter Temail : Residence Address : City : Prov. /Ter Tel. : Email :	r.: Ext. : r.: Fax :	Postal Code: Fa Web site: Postal Code: _	x :		
Please enclose the following dues and	d items:				
Annual Licence Fee (\$320 or prora Training and Experience.	ated amount) an	d a \$200 fee fo	or filing th	ne Affidav	it of
Proof of liability insurance coverage	ge, or proof of e	xemption ther	efrom.		
Application for a training period. (See Candidate I	Handbook)			
Project proposal. (See Candidate H	Iandbook)				
Affidavit or Statutory Declaration	of Experience a	nd Practical T	raining.		
I hereby apply for Licence to Practice	\mathbf{A}_{j}	oproved by			
Signature Date		egistrar	• • • • • • • • • • • • • • • • • • • •		 Date
Please indicate method of payment: To pay through our secure gateway, g Cheque enclosed MasterCard	go to the "form				te icon.
Card Number:	Expiry Date		CVV:		
Signature	_	ate			

Form: LIC12182019PDF1 Please Mail or Fax Application to:

Tel: (613) 723-9200, Fax: (613) 723-5558 e-mail: admin@acls-aatc.ca, www.acls-aatc.ca