



REGISTRATION FORM FOR CANDIDATES FOR A COMMISSION AS A CANADA LANDS SURVEYOR

Surname: _____ Dr. Mr. Ms. Mrs.
First Name: _____ Initials: _____

Please provide both Office and Residence addresses and indicate where mail is to be sent
 Office Residence

Office Address : _____
Municipality : _____ Prov. / Terr.: _____ Postal Code: _____
Country: _____ Tel. : _____ Ext. : _____ Fax : _____
Email : _____ Web site: _____
Residence Address : _____
Municipality : _____ Prov. / Terr.: _____ Postal Code: _____
Country: _____ Tel. : _____ Ext. : _____ Fax : _____
Email : _____

(A) Provincial Commission(s): Comm. No(s): _____
Province(s): _____ Year Commission(s) issued: _____
(Please send copy of licence with this application)

Note: if you are applying under Item (A) above, please complete item (B) as well

(B) Holder of a Certificate of Completion from WCBELS CBEPS APBELS
Date Issued: _____
Please send this application along with a copy of your certificate awarded to verify that you meet the ACLS requirements for academic training in hydrographic surveying. The registrar may ask for additional documentation.

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Signature Date

Please send this form, along with a candidate registration fee of \$100.00
If you are not accepted as a candidate for any reason, your payment will be refunded.

Please indicate method of payment:
To pay through our secure gateway, go to the "form" section and click the appropriate icon.
 Cheque enclosed MasterCard Visa
Card Number _____ Expiry Date _____

.....
Signature Date

Form : CAND101224PDF

Please Mail or Fax Registration to:
Association of Canada Lands Surveyors
900 Dynes Road, Suite 100E, Ottawa ON K2C 3L6
Tel: (613) 723-9200, Fax: (613) 723-5558 e-mail: admin@acsls-aatc.ca, www.acsls-aatc.ca