



APPLICATION FORM TO BECOME A CANDIDATE FOR A CANADA LANDS SURVEYOR COMMISSION

Surname: _____ Dr. Mr. Ms. Mrs.

First Name: _____ Initials: _____

Please provide an Office or Residence address.

Office Residence

Company Name (if applicable): _____

Address : _____

Municipality : _____ Prov. / Terr.: _____ Postal Code: _____

Country: _____ Tel. : _____ Ext. : ____ Fax : _____

Email : _____ Web site: _____

(A) Provincial Commission(s): Comm. No(s): _____
Province(s): _____ Year Commission(s) issued: _____
(Please have your home association send us a Certificate of Conduct)

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.

.....
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 : CAND110323PDF

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