



# Application Form LICENCE TO PRACTICE

Surname: \_\_\_\_\_  Dr.  Mr.  Ms.  Mrs.  
Given Name(s): \_\_\_\_\_  
Company or Organization: \_\_\_\_\_

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**If you are submitting this application along with a Membership application, skip this section. If you are already a member, complete this section only if there are changes to your existing registration.**

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

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**Please enclose the following dues and items:**

- Annual Licence Fee (\$280 or prorated amount) and a \$20 fee for filing the Affidavit of Training and Experience.
  - Proof of liability insurance coverage, or proof of exemption therefrom.
  - Log of Experience and Practical Training.
  - Affidavit or Statutory Declaration of Experience and Practical Training.
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I hereby apply for Licence to Practice

Approved by

.....  
Signature Date

.....  
Registrar Date

**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: LIC080626

**Please Mail or Fax Application 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@acsl-aatc.ca](mailto:admin@acsl-aatc.ca), [www.acsl-aatc.ca](http://www.acsl-aatc.ca)