



Canadian Board of Examiners for Professional Surveyors
Conseil canadien des examinateurs pour les arpenteurs-géomètres

Registration Form for Admission as a Candidate

Name: _____
Surname _____ First Name & Initials _____

ADDRESS: *Please choose which of the following the address refers to.*

Office:

Residence:

Name of Organization (if applicable): _____

PO Box/Street: _____

City/Town: _____

Prov./Terr.: _____

Postal Code: _____

Country: _____

Telephone: (_____) - _____

Fax: (_____) - _____

E-Mail: _____

The following post-secondary educational institutions have been requested to send copies of official transcripts of my academic records to the Registrar, CBEPS:

Signature: _____ **Date:** _____

Please send this form, enclosing a candidate registration fee of \$100.00, to the CBEPS at the address below. Payment may be made by cheque, Visa or MasterCard.

Card No. _____ Exp. _____ 3-digit Code _____

If for any reason you are not accepted as a candidate, your payment will be refunded.