



CANADIAN HYDROGRAPHER CERTIFICATION PANEL CANDIDATE APPLICATION – FORM

Surname: _____ Dr. Mr. Ms. Mrs.

First Name: _____

I am currently a regular member of the ACLS Yes No

Please provide an Office or Residence address Office Residence

Company Name (if applicable): _____

Address: _____

City or Town: _____ Prov. / Terr. / State: _____

Postal or Zip Code: _____ Country: _____ Tel: _____ Ext.: _____

Email: _____

I am applying as the following type of candidate:

Level 1

Category A

Category B

Holder of CLS Commission Number _____

Other (please specify) _____

Level 2

Category B

Other (please specify) _____

Please send this form, along with all required information (see attached checklist) and the applicable candidate registration fee. (CAD \$ 325.00 for ACLS Regular Members or CAD \$ 500 for others), Please indicate method of payment:

Cheque enclosed MasterCard Visa

Card Number _____ Expiry Date _____

.....
Signature

.....
Date