



# Application Form LICENCE TO PRACTICE

For surveyors holding a provincial commission

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

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

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

- Annual Licence Fee (\$320 or prorated amount) and a \$25 fee for filing the Affidavit of Training and Experience.
- Proof of liability insurance coverage, or proof of exemption therefrom.
- Affidavit or Statutory Declaration of Experience and Practical Training.

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

Name of Credit Card Holder: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Card Number \_\_\_\_\_ CVV: \_\_\_\_\_

.....  
Signature Date