



Canadian Hydrographer Certification Scheme (CHCS)

Application for Certification with CHCS via AHSCP – Form

This form is for a person with CPHS 1 or CPHS 2 status to request certification from with the Canadian Hydrographer Certification Scheme (CHCS) via the Mutual Recognition Agreement (MRA) with the Australasian Hydrographic Surveyors Certification Panel to obtain Certified Hydrographer (CH) or Certified Hydrographic Technician (CHTech) status

AHSCP Certification Number: _____ **Status:** CPHS 1 or CPHS 2 (cross out which is not applicable)

Surname: _____ **Given Names:** _____

Preferred Name: _____ **Date of Birth:** _____

Address: _____

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

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

Email: _____

I am applying for certification with the CHCP based on the Mutual Recognition Agreement (MRA) in force at the time of this application with the Association of Canada Lands Surveyors (ACLS), based on the International Board of Standards of Competence for Hydrographers and Cartographers (IBSC) recognized AHSCP Scheme for one of the following:

- Certified Hydrographer (CH)
- Certified Hydrographic Technician (CHTech)

I have / do not have (cross out which is not applicable) a current application to the CHCP for certification. I have / have not (cross out which is not applicable) previously applied to the CHCP for certification. I acknowledge that if I have a current application in progress with the CHCP, or have previously been rejected for certification by the CHCP that I cannot now apply for an CHCP certification via this MRA.

I acknowledge I have to provide the following additional documentation:

- A certified copy of applicant's AHSCP Hydrographic Surveying Certificate of Competence certificate.
- A copy of applicant's resume.
- A one-page description of applicant's education and work history.

.....
Applicant's Signature

.....
Date

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Instructions: Once the applicant has filled in the necessary information, please send a scanned copy of page 1 and 2 to the ACLS Registrar at registrar@acls-aatc.ca.

ACLS Fee Payment Details

Along with your submission of this application, you should pay the ACLS assessment fee. There is no surcharge to pay by Credit Card.

Please indicate your method of credit card payment.

MasterCard Visa

Card Number _____ Expiry Date _____

Name on Card _____

Card Holder's Signature _____

Amount CAD \$ _____

Receipt

Please check this box if you would like an emailed receipt.

Please note that once the applicant's payment details have been successfully used, the information will not be kept on file and this page will be shredded by ACLS staff.

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Instructions – Once the applicant has filled in the boxes with *Italic* font for the Declaration of Applicant and the Certificate of Conduct forms below, and signed the Release of Documents Declaration on the next page, a scanned copy of the pages 3 and 4 should then be emailed to the AHSCP Secretariat at ahscp@hydro.gov.au. The AHSCP Secretariat will complete the Certificate of Conduct. The AHSCP Secretariat will then email the completed pages directly to the ACLS Registrar.

Declaration of Applicant

Certification Panel	Australasian Hydrographic Surveyors Certification Panel		
Applying to Certification Panel	Canadian Hydrographer Certification Panel		
<i>Applicant's Full Name</i>			
<i>Certificate Number</i>		<i>Date of Issuance</i>	
Current Status or Standing declared by the applicant:			
Are there any pending, ongoing or outstanding complaints, legal proceedings, insurance claims or disciplinary proceedings that relate to your competence or conduct? (If yes, please explain.)			
Does the applicant have any restrictions or conditions of practice imposed on them? (If yes, please explain.)			
Signature of Applicant		Date	

Certificate of Conduct

Certification Panel	Australasian Hydrographic Surveyors Certification Panel		
Applying to Certification Panel	Canadian Hydrographer Certification Panel		
<i>Applicant's Full Name</i>			
<i>Certificate Number</i>		<i>Date of Issuance</i>	
Current Status or Standing			
Are there any pending, ongoing or outstanding complaints or disciplinary proceedings that relate to the competence or conduct of the applicant?			
Does the applicant have any restrictions or conditions of practice imposed on them?			
Name	Jasbir Randhawa		
Title	AHSCP Secretariat		
Signature of AHSCP Secretariat		Date	

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**Authorization to Release Applicant's Submission Documents to the AHSCP and
Subsequent AHSCP Assessment to the CHCP**

To allow your application to proceed all of the documents submitted by the applicant as part of the AHSCP application process will be provided to the CHCP. This page has to be signed to allow your application to proceed. By your signature below, you authorize the AHSCP Secretariat to release and forward to the ACLS Registrar any or all of those documents.

.....
Applicant's Signature

.....
Date