



APPLICATION FORM TO BECOME A CANDIDATE FOR A CANADA LANDS SURVEYOR COMMISSION

Surname: _____ Dr. Mr. Ms. Mrs.

First Name: _____

Please provide an Office or Residence address.

Office Residence

Company Name (if applicable): _____

Address : _____

Municipality : _____ Prov. / Terr.: _____ Postal Code: _____

Country: _____ Tel. : _____ Ext. : ____ Fax : _____

Email : _____ Web site: _____

(A) Provincial Commission(s): Comm. No(s): _____
Province(s): _____ Year Commission(s) issued: _____
(Please have your home association send us a Certificate of Conduct)

(B) If you do not have a Surveyors Commission in a Canadian jurisdiction, please provide the following: CBEPS Certificate number _____ and year _____
(Please send a copy of the Certificate issued)

.....
Signature

.....
Date

Please submit this form, along with a candidate registration fee of \$150.00

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

Please indicate method of payment:

Cheque enclosed MasterCard Visa

Name of Credit Card Holder _____ CVV _____

Card Number _____ Expiry Date _____

.....
Signature

.....
Date

Form : CAND200902WORD

Please Mail, Fax or E-Mail Registration 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, www.acsl-aatc.ca