



APPLICATION FOR A TRAINING PERIOD TO QUALIFY FOR AN ACLS LICENCE

NAME _____

MAILING ADDRESS _____

CONTACT NUMBERS Telephones (Business) (_____) _____

(Mobile) (_____) _____ Email _____

Commission Number _____ Commission Date _____

THE TRAINING PERIOD WILL BE SUPERVISED BY THE FOLLOWING PERSON:

NAME _____

ADDRESS _____

TELEPHONE NOS. _____

EMAIL _____

NUMBER OF YEARS OF EXPERIENCE AS A LICENSED SURVEYOR _____

NAME OF ASSOCIATION(S) WHERE SUPERVISOR HAS A VALID LICENCE TO PRACTICE
SURVEYING: _____

Period expected to beginning on _____ ending on

Length of period _____ weeks

Signatures: _____ Date _____

Supervisor

Date

Trainee

Date

**PLEASE ADD A SHORT DESCRIPTION (NO MORE THAN A PAGE) DESCRIBING
ANTICIPATED TASKS TO BE PERFORMED BY THE CANDIDATE AND TYPES OF
PROJECTS (CADASTRAL, CONSTRUCTION, ETC.)**