

**CHCP CERTIFICATION RENEWAL**

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 renewing the following certification:

[ ]  Certified Hydrographer

[ ]  Certified Hydrographer Tech

[ ]  Certified Hydrographer Executive

**Your renewal form must include a covering letter and all required documents, as described in the CHCP Candidate Handbook**

**Renewal fees are $225 for ACLS members, and $350 for ACLS non-members.**

**Please indicate method of payment:**

[ ]  Cheque enclosed [ ]  MasterCard [ ]  Visa

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

……………………………………....................... ...........................................................

Signature Date