**CERTIFIED HYDROGRAPHER CANDIDATE APPLICATION**

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 applying as the following type of candidate:

CH (in training) [ ]  CHTech (in training) [ ]

Level 1

[ ]  Category A [ ]  Category B [ ]  Holder of CLS Commission Number \_\_\_\_ or

[ ]  Other (please specify)

Level 2

[ ]  Category B or

[ ]  Other (please specify)

Level Executive based on the following qualifications:

[ ]  Level 1 – CH [ ]  Level 2 – CHTech or

[ ]  Other (please specify)

**Please send this form, along with all required information and the applicable candidate registration fee as posted on the latest version of the IHCP Candidate Handbook. No registration fee for CH(in training) or CHTech (in training). Please indicate method of payment:**

[ ]  Cheque enclosed [ ]  Payment on line via: <https://www.acls-aatc.ca/product/pay-an-invoice/> (indicate IHCS instead of an invoice number)