**IHCS 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 (Level 1, CH)

[ ]  Certified Hydrographer Tech (Level 2, CHTech)

[ ]  Certified Executive Hydrographer (CHE)

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

**Please send this form, along with all required information and the applicable candidate registration fee as posted on the latest version of the IHCS Candidate Handbook. 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)