



# Application Form LICENCE TO PRACTICE

For surveyors holding a provincial commission

Surname:  Dr.  Mr.  Ms.  Mrs.  
Given Name(s):  
Company or Organization:  
Provincial Association:

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**If you are submitting this application along with a Membership application, skip this section. If you are already a member, complete this section only if there are changes to your existing registration.**

Office Address :

City : Prov. / Terr.: Postal Code:  
Tel. : Ext. : Fax :  
Email : Web site:

Residence Address :

City : Prov. /Terr.: Postal Code:  
Tel. : Fax :  
Email :

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**Please enclose the following dues and items:**

- Annual Licence Fee (\$350 or prorated amount) and a \$25 fee for filing the Affidavit of Training and Experience.
- Proof of liability insurance coverage, or proof of exemption therefrom.
- Affidavit or Statutory Declaration of Experience and Practical Training.

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I hereby apply for Licence to Practice

**Approved by**

.....  
Signature

.....  
Date

.....  
Registrar

.....  
Date

**Please indicate method of payment:**

*To pay through our secure gateway, go to the "form" section and click the appropriate icon.*

- Cheque enclosed  Visa or MasterCard

Form: LICPROV04272022WORD

**Please Mail or Fax Application 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@acsls-aatc.ca](mailto:admin@acsls-aatc.ca), [www.acsls-aatc.ca](http://www.acsls-aatc.ca)