



APPLICATION FORM TO BECOME A CANDIDATE FOR A CANADA LANDS SURVEYOR COMMISSION

Surname: _____ Dr. Mr. Ms. Mrs.

First Name: _____

Please provide an Office or Residence address.

Office Residence

Company Name (if applicable): _____

Address : _____

Municipality : _____ Prov. / Terr.: _____ Postal Code: _____

Country: _____ Tel. : _____ Ext. : ____ Fax : _____

Email : _____ Web site: _____

(A) Provincial Commission(s): Comm. No(s): _____
Province(s): _____ Year Commission(s) issued: _____
(Please have your home association send us a Certificate of Conduct)

(B) If you do not have a Surveyors Commission in a Canadian jurisdiction, please provide the following: CBEPS Certificate number _____ and year _____
(Please send a copy of the Certificate issued)

.....
Signature Date

Please submit this form, along with a candidate registration fee of \$150.00
If you are not accepted as a candidate for any reason, your payment will be refunded.

Please indicate method of payment:

Cheque enclosed MasterCard Visa

To pay with a credit card through our secure gateway, please click on "PAY FEES" under the Public Forms section and enter your last name as the invoice number. (No spaces or special characters)

.....
Signature Date

Form : CAND06202022WORD

Please Mail, Fax or E-Mail Registration 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, www.acsls-aatc.ca