

Application Form LICENCE TO PRACTICE

For surveyors not holding a provincial commission

Surname: Given Name(s): Company or Organization :		☐ Dr.	☐ Mr.	☐ Ms.	Mrs.
If you are submitting this appl are already a member, complet					
Office Address: City: Tel.: Ext.: Email: Web site:	Prov. /Terr.: Fax:	Postal C	ode:		
Residence Address: City: Prov. /Terr.: Tel.: Fax: Email:	Postal Code:				
Please enclose the following Annual Licence Fee (\$350 Training and Experience.) and a \$200 fee for	filing the	Affidavit	of
Proof of liability insurance	e coverage, or proof	of exemption there	from.		
Application for a training J	period. (See Candida	ate Handbook)			
Project proposal. (See Can	ndidate Handbook)				
Affidavit or Statutory Dec	laration of Experien	ce and Practical Tra	aining.		
I hereby apply for Licence to	Practice	Approved by			
Signature	Date	Registrar		Da	ate
Please indicate method of parto pay through our secure gicon. Cheque enclosed Mass	gateway, go to the "	public forms" sect	ion and c	click the a	ppropriate
Signature		Date			
Form: LIC06202022WORD	Please Mail or Fax A	Application to:			

Tel: (613) 723-9200, Fax: (613) 723-5558 e-mail: admin@acls-aatc.ca, www.acls-aatc.ca