



## 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

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**Please submit this form, along with a candidate registration fee of \$175.00**

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) <https://www.acls-aatc.ca/product/pay-an-invoice/>*

.....  
Signature Date

Form : CAND202212WORD

**Please Mail or E-Mail Registration to:**

Association of Canada Lands Surveyors

900 Dynes Road, Suite 100E, Ottawa ON K2C 3L6

Tel: (613) 723-9200, e-mail: [admin@acsls-aatc.ca](mailto:admin@acsls-aatc.ca), [www.acls-aatc.ca](http://www.acls-aatc.ca)