

## **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 appli are already a member, complet					
Office Address: City: Tel.: Ext.: Email: Web site: Residence Address: City: Prov. /Terr.: Tel.: Fax: Email:	Prov. /Terr.: Fax:  Postal Code:	Postal C			
Please enclose the following of Annual Licence Fee (\$370 Training and Experience.	or prorated amount		· ·	Affidavit	of
☐ Application for a training p ☐ Project proposal. (See Cane	period. (See Candida	•			
Affidavit or Statutory Decl		ce and Practical Tra	ining.		
I hereby apply for Licence to I	Practice	Approved by			
Signature	Date	Registrar	• • • • • • • • • • • • • • • • • • • •	Da	ate
Please indicate method of pa  To pay through our secure g  icon.  Cheque enclosed Mass	ateway, go to the "	'public forms" sect	ion and c	lick the a	ppropriate
Signature Form: LIC01242023WORD		Date			

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