



Application Form LICENCE TO PRACTICE

For surveyors holding a provincial commission

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

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 :

Please enclose the following dues and items:

- Annual Licence Fee (\$370 or prorated amount) and a \$30 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.

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: LICPROV01242023WORD

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, www.acsls-aatc.ca