

APPLICATION FOR CERTIFICATION AS*: GEOMATICS SPECIALIST:

- Photogrammetry** **Remote Sensing** **GIS/LIS**
Geodesy **Cartography** **Geomatics Manager**

**Check one (1) category only. Separate application forms and fees must be filed for each category of certification*

Name _____ Application Number _____
(Please Print) (Leave Blank)

Address _____ Address (2) _____
(Street or Box Number or Concession) (RR, Site, Comp, Subdivision, etc.)

City or Town _____ Prov./Terr./State _____ Postal Code _____

Tel. No. (Home) _____ Office _____

Fax No _____ Email _____

In making this application, I fully understand that it is a voluntary request to the Canadian Institute of Geomatics to review my background and experience for possible certification in accordance with requirements and criteria established by the Institute. I authorize the Institute to make inquiries regarding my character and professional qualifications, by contacting the references named in this application. Further, I understand and subscribe to the Code of Ethics of the Canadian Institute of Geomatics, with knowledge that any false statement or misrepresentation in this application may result in the denial or revocation of certification and the issuance of a complaint in violation of the Code of Ethics.

In consideration of CIG's acceptance and processing of this application, I agree to waive any and all claims of liability or responsibility against CIG and to indemnify and hold harmless CIG, its executive, officers, committee members, employees, agents and representatives against any and all such injury, damages, or claims made by or on behalf of any persons, partnership, association, or corporation. I further acknowledge that CIG, officers, committee members, employees, agents or representatives are not liable to me, or to any other person, partnership, association or corporation, in any way for any injury, damages or claims alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal or termination of any certification issued by CIG.

Payment Options:

- a) a cheque is enclosed for \$150. I understand that if my application for certification is not accepted I will receive a refund of \$50.
- b) I am paying by Visa MasterCard

Card No _____ Expiry _____

(Applicant's Signature) (Date)

(Note: check for the availability of this application in electronic form on the CIG Website at www.cig-acsg.ca)
FOR OFFICE USE ONLY

Date Received: _____ Cheque No _____ Amount: \$ _____

Final Action by Certification Committee: Approved Date _____
 Deferred Date _____
 Denied Date _____

- Accounting Send \$50 Refund Send Receipt None

II. RELEVANT WORK EXPERIENCE

From Year/Month To Year/Month	Name of employer, position title and description of each work engagement*	Name, address and telephone number of person who knows your work fully
<p>This statement should be typewritten and shall begin with first work assignment or date of graduation from a school, college, or university. Indicate Civil Service titles and grades, if applicable. Use additional typewritten sheets if necessary (Note: check for the availability of this application in electronic form on the CIG Website at www.cig-acsg.ca)</p>		

III. PROFESSIONAL ASSOCIATION ACTIVITIES (list separately the dates, category [student, regular, associate, etc.] and any offices and/or committee assignments held in CIG and other professional societies or associations):

IV. REFERENCES (name at least four persons who are or who have held responsible positions in photogrammetry, remote sensing, GIS/LIS, geodesy, cartography and/or Geomatics management and who have a personal knowledge of your character and professional qualifications):

[1] _____
Name P.O. Box or Street or Lot/Concession

Site/Compartment, RR, Station City/Town Prov./Terr./State

Postal Code Email Address

[2] _____
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[3] _____
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[4] _____
Name P.O. Box or Street or Lot/Concession

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