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| CIGLOGO2 **Canadian Institute of Geomatics** |
| **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. 1 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, 1 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. 1 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:* |
| 1. *a cheque is enclosed for $150. I understand that if my application for certification is not accepted I will receive a refund of $50.*
2. *Online payment - $150 – Please request email invoice at -* *admin@cig-acsg.ca**. I understand that if my application for certification is not accepted I will receive a refund of $50.*
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| (Candidate signature) |  | (Date) |
| (Note: check for the availability of this application in electronic form on the CIG Website at [www.cig-acsg.ca](http://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 |
| 100 D - 900 Rue Dynes Road, Ottawa (ON) K2C 3L6 admin@cig-acsg.ca |
| **I. EDUCATION AND BACKGROUND** *(use an extra page if more space is required)* |
| A. HIGH SCHOOL |  | Graduated |  |
|  | (Name and Location) |  | (Date) |
| Academic |  | Technical |  | or Other |  |
| B. HIGHER EDUCATION (if no degree granted, furnish total credit hours earned and in which subjects): |
| Name of Institutions | Dates Attended | Degree Title | or Major Subjects |
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| C. HIGHER EDUCATION COURSES (beyond those required for Degree(s) above; give date and length of course): |
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| D. SPECIAL EDUCATION PROGRAMS (applicable seminars, symposia, workshops, military or other government sponsored schools or training programs): |
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| E. MEMBERSHIP IN SOCIETIES AND HONORS RECEIVED: |
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| F. PUBLICATIONS AUTHORED (submit copies if requested by the CIG Certification Committee): |
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| *(use additional pages if necessary)* |
| G. ADDITIONAL DATA (relating to education and background, e.g., thesis, special research work, etc.) |
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| *(use additional pages if necessary)* |
| **II. RELEVANT WORK EXPERIENCE** |
| From Year/Month To Year/Month | Name of employer, position title anddescription of each work engagement\* | Name, address and telephone numberof person who knows your work fully |
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| This statement should be typewritten and shall begin with first work assignment or date of graduation from a school, college,oruniversity. 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) |
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| **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): |
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| **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):*- Geomatics management – see Additional References* |
| [1] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |
| [2] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
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|  | Postal Code |  | Email Address |
| [3] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |
| [4] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |

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| **ADDITIONAL REFERENCES Geomatics management** –References from two major clients. |
| [1] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
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|  | Postal Code |  | Email Address |
| [2] |  |  |  |
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