

613-744 West Hastings St., Vancouver, BC V6C 1A5 (T) 604-451-4555, (F) 604-451-4558 www.csapsociety.bc.ca

Application Form

The Society notes that applicants are given four (4) hours to complete each exam (technical and regulatory). This is considered to be sufficient time to complete each examination for a fully competent professional with the expected level of knowledge of the subject matter, including adequate time to review questions and answers.

Applicant Contact Information

Full Legal Name			
Mailing Address			
Daytime Tel (1)		Daytime Tel (2)	
E-Mail Address		Daytime Fax	
LApplication Type			
☐ Numerical Stand	dards Approved Professional		
☐ Risk-based Ùæ) åæå∙ ÁApproved Professional		
☐ Both			
Application Histor	ry		
☐ This is my first a	application; my summary of work experience is enclo	osed.	
☐ My experience l	has already been approved; my summary of work ex	xperience is not requ	uired.
	n the past and been advised that I was not yet eligib itted, is enclosed.	ole; an update to my	summary of work experience
☐ I am applying to	re-write the examination(s).		
☐ It is more than 1 my initial approv	12 months since my summary of work experience wa val is enclosed.	as approved, an upo	date of my experience since
	nember writing the regulatory exam to renew my mer nave participated in the exam development on r.		,
☐ I am a former C	SAP member or have been previously appointed to	the Roster of Appro	ved Professionals?

NOTE: When your application is considered complete, the CSAP Society will issue you a candidate number. Your candidate number is your confirmation of registration; it must be used when making online payments for your experience review or exam fees.

Professional Registration

Signature:		Date:		
hereby certify that the foregoing and all written and verbal submissions made by me in connection with this application is a true record of my qualifications and experience. I understand that qualifying examinations and/or experience may be assigned to me. I may also be required to, at my own expense, provide additional information or attend an interview (at the discretion of the Society) to assess my qualifications. I have personally reviewed and am familiar with the Procedures for the Roster of Approved Professionals under the Contaminated Sites Regulation and the Application Guide .				
My signature on this application represe and records relevant to the application p from liability for such action.				
Affidavit				
Fees can be paid online at the <u>CSAP</u>	website, or by cheque	made payable to CSAP	Society.	
If paying by cheque for both the Expe each.	rience Review fee and	the Examination Fee, ple	ease include separate cheques for	
Payment Method				
☐ Regulatory:		\$750 + GST = \$787.50		
Risk-based Standards Technical:		\$750 + GST = \$787.50		
☐ Numerical Standards Technical:		\$750 + GST = \$787.50		
examination. Your application and pa have been approved to sit the examin	ayment for the examina nation.	ation will be held on file ar		
Examination Fee – Tick only and all those that apply Note: Candidates may submit payment of the examination fee with this application or after receiving approval to sit the				
Franciscotion Francisco	al all these street	J.		
☐ Risk-based Standards Approved	d Professional:	\$500 + GST = \$525		
☐ Numerical Standards Approved	Professional:	\$500 + GST = \$525		
Note: Candidates who have already had following an earlier assessment do not		pproved or who were give	n an experience assignment	
Experience Review Fee – Tick only	and all those that ap	ply		
Payment Information – Tick and F				
Registration number		Jurisdiction (e.g. BC)		
Registration number		Jurisdiction (e.g. BC)		
Registration number		Jurisdiction (e.g. BC)		
P.L. Eng (Limited Licensee)	P.L. Geo (L	Limited Licensee)		
☐ R.P.Bio.	☐ P.Ag.		P. Chem.	
☐ P. Eng.	☐ P. Geo.		P. Eng. / P. Geo	
associations below (e.g. If you are a r				
All applicants must send one Confirm or she is a member. It is the applican CSAP Society before the application of	nt's responsibility to ens	sure that the parent assoc	ciation (s) returns the form(s) to the	
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Checklist and Mailing Address Please submit your: Application Form Experience Review Fee Legal name documents (e.g. original or certified copy of birth certificate and any documents, such as a marriage certificate, showing a change of name). Work experience details: CV Employment History Presentation of Experience: Summary - Positions Description Projects Description signed by project supervisor (minimum 9 projects in total) Summary of Instrument Submission Experience (senior review DDE level involvement - 3 submissions satisfactorily released) Summary Table of Positions (minimum 10 years of experience) Statement of Qualifications (Optional) Confirmation Request Form – Appendix 6

Confirmation Request Form from each of the British Columbia Professional Associations of which you are a member.

Exams Registration CSAP Society 613 – 744 W Hastings Street, Vancouver, BC V6C 1A5

One electronic version to admin@csapsociety.bc.ca and one hard copy to: