

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
Application Type	
☐ Numerical Standards Approved Professional	
☐ Risk-based Approved Professional	
☐ Both	
Application History	
☐ This is my first application; my summary of w	ork experience is enclosed.
☐ My experience has already been approved; r	my summary of work experience is not required.
☐ I have applied in the past and been advised t since last submitted, is enclosed.	that I was not yet eligible; an update to my summary of work experience
☐ I am applying to re-write the examination(s).	
☐ It is more than 12 months since my summary my initial approval is enclosed.	of work experience was approved, an update of my experience since
	exam to renew my membership (applications accepted to August 31st). am development one year, you cannot write the exam the

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.

☐ I am a former CSAP member or have been previously appointed to the Roster of Approved Professionals?

## **Professional Registration**

Signature:		Date:	<del></del>	
hereby certify that the foregoing and all writt true record of my qualifications and experie ssigned to me. I may also be required to, at iscretion of the Society) to assess my qualifi he Roster of Approved Professionals und	nce. I understand my own expense cations. I have pe	I that qualifying examina , provide additional infor ersonally reviewed and a	tions and/or experience may be mation or attend an interview (at the im familiar with the <b>Procedures for</b>	
My signature on this application represents ments in the records relevant to the application procession liability for such action.				
Affidavit				
Fees can be paid online at the <u>CSAP webs</u>	<u>site,</u> or by cheque r	made payable to CSAP	Society.	
If paying by cheque for both the Experience each.	e Review fee and t	the Examination Fee, ple	ease include separate cheques for	
Payment Method				
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Regulatory:		\$750 + GST = \$767.50 \$750 + GST = \$787.50		
☐ Risk-based Standards Technical:		\$750 + GST = \$787.50 \$750 + GST = \$787.50		
examination. Your application and paymer have been approved to sit the examination  Numerical Standards Technical:			nd will not be processed until you	
Note: Candidates may submit payment of t				
Examination Fee – Tick only and all	those that appl	у		
Risk-based Standards Approved Prof	essional:	\$500 + GST = \$525		
☐ Numerical Standards Approved Profe		\$500 + GST = \$525		
Note: Candidates who have already had th following an earlier assessment do not pay		proved or who were give	n an experience assignment	
•			n an avneriance accidenment	
Experience Review Fee – Tick only and	-			
Payment Information – Tick and Pay fo	or Only Those t	hat Annly		
Registration number		Jurisdiction (e.g. BC)		
Registration number		Jurisdiction (e.g. BC)		
Registration number		Jurisdiction (e.g. BC)		
Limited Licensee (Engineering)		nsee (Geoscience)		
R.P.Bio.		naca (Cassaianas)	☐ P. Chem.	
P. Eng.	☐ P. Geo. ☐ P.Ag.		☐ P. Eng. / P. Geo ☐ P. Chem.	
associations below (e.g. If you are a memb	-	ase include this below).	□ D 5 / D 0	
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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) Instrument Submission Experience (senior review DDE level involvement in 3 submissions) $\Box$ Summary Table of Positions (minimum 10 years of experience) П Statement of Qualifications (Optional) Confirmation Request Form - Appendix 6 ☐ Confirmation Request Form from each of the British Columbia Parent Associations of which you are a member. One hard copy and one electronic copy to:

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