



Canadian Board of Examiners for Professional Surveyors  
Conseil canadien des examinateurs pour les arpenteurs-géomètres

## Registration Form for Admission as a Candidate

**NAME:** \_\_\_\_\_  
Surname First Name & Initials

**ADDRESS:** *If applicable, please give both addresses and indicate where mail is to be sent:*  
Office:  Residence:

Name of Organization: \_\_\_\_\_

PO Box/Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Prov./Terr.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_

Fax: (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_

E-Mail: \_\_\_\_\_

The following post-secondary educational institutions have been requested to send copies of official transcripts of my academic records to the Registrar, CBEPS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this form, enclosing a candidate registration fee of **\$100.00**, to the CBEPS at the address above. Payment may be made by cheque, Visa or MasterCard.

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

If for any reason you are not accepted as a candidate, your payment will be refunded.