CSAP
Society of Contaminated Sites Approved Professionals of British Columbia

**APPROVED PROFESSIONALS EXAMINATION APPLICATION**

613 – 744 West Hastings, Vancouver, BC, Canada V6C 1A5
Phone: 604.451.4555 Fax: 604.451.4558
Email: registration@csapsociety.bc.ca

## Confirmation Request Form

**Applicants:** Please send one form to each of the Parent Associations of which you are a member (contact info below). It is your responsibility to ensure that your Parent Association(s) returns the form(s) to the Society.

**Associations:** Please complete and return this form **directly** to the Contaminated Sites Approved Professionals Society by e-mail, fax or mail (contact information above); please **do not** return the form care of the applicant.

### TO BE COMPLETED BY THE APPLICANT

Applicant's Name _____ Date of Birth _____

Parent Association _____ Registration Number _____

### TO BE COMPLETED BY THE PARENT ASSOCIATION

Individual is a member in Good Standing ☐ Yes ☐ No

Designation _____ License Number _____

Date professional registration/licensure granted (don't include in-training date) _____

Has this member ever been subject to any disciplinary action? ☐ Yes ☐ No

Please list post-secondary degrees for which the applicant has provided proof:

| Name of Academic Institute | Type of Degree (e.g. B.Sc.) | Date Degree Granted |
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Please circle the degree upon which the member was deemed to meet your organization's minimum academic requirements for registration/licensure. If the member met the minimum academic requirement through academic (not confirmatory) examinations, please indicate the date the last academic examination was completed here _____

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| APEGBC: | Fax: 604-430-8085 | Tel: 604-430-8035 | www.apeg.bc.ca |
| BCIA: | Fax: 250-380-9233 | Tel: 250-380-9292 | www.bcia.com |
| CAB: | Fax: 250-383-2400 | Tel: 250-383-3306 | www.cab-bc.org |