



## Academic Evaluation Application Form

Association of Ontario Land Surveyors

1043 McNicoll Avenue, Toronto, Ontario Canada M1W 3W6

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*Please print clearly and attach any documentation as required.*

### PERSONAL INFORMATION:

COUNTRY OF BIRTH : \_\_\_\_\_

MOTHER TONGUE: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (mm/dd/yy) : \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Sex: M  F

### CONTACT INFORMATION:

Preferred Contact Address : Home  Work

### RESIDENTIAL ADDRESS INFORMATION :

Address: \_\_\_\_\_

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

Province: \_\_\_\_\_

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

Res. Tel: \_\_\_\_\_

Res. Fax: \_\_\_\_\_

Personal Cell: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

### EMPLOYMENT ADDRESS INFORMATION :

Employer Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

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

Province: \_\_\_\_\_

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

Work Tel: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Work Cell: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

**A COVER LETTER**

**B DETAILED RESUME**

**C EDUCATION or CERTIFICATION— AT LEAST ONE OF THE FOLLOWING MUST BE PROVIDED**

*Note : An official transcript must be forwarded **directly** from the education institution ( If this is not possible you may submit your original documents to the AOLS office to be copied ) **along with detailed course descriptions**. All documentation must be in English or translated to English.*

**1. University Degree**

Degree : \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Country : \_\_\_\_\_

Date of Graduation: (dd/mm/yy) \_\_\_\_\_

**2. Technological Degree or Diploma in Engineering or Geomatics**      2YR       3YR

Degree or Diploma: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Completion of Degree: (dd/mm/yy) \_\_\_\_\_

**3. Professional Survey Commission in another recognized jurisdiction**

Commission: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Date of Commission: (dd/mm/yy) \_\_\_\_\_ Commission Number: \_\_\_\_\_

**PAYMENT INFORMATION**

Evaluation Fee: \$282.50 ( \$250+ HST )	Date Payment Received : ( dd/mm/yy): _____
Cheque : <input type="checkbox"/>	Cash : <input type="checkbox"/>
<b>Credit Card Information</b>	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card # : _____	Expiry Date : ( mm / yy) _____ / _____
CVV: _____	Name on Card : _____
Assessment obtained date: (dd/mm/yy) _____	CES <input type="checkbox"/> OR WES <input type="checkbox"/>
Notes:	
<b>OFFICE USE ONLY:</b>	

**\*\*Note:** A convenience fee of 3% of the total amount will be charged for credit card payments.