

INFORMATION FOR APPLICANTS APPLYING FOR CERTIFICATION WITH THE SASKATCHEWAN ASSOCIATION OF GEOMATICS TECHNOLOGISTS (SAGT)

1. It is in the interest of the applicant to **complete the form in full detail**. Use additional sheets if necessary.
2. In the section verification of the preceding information, verification should be completed by **applicant's supervisor**.
3. In order to obtain full credit for academic and technical education please **submit copies of full documentation with the application** (SAGT reserves the right to request originals of documentation). English translations of all documents must be included if the original is in a foreign language. If education was obtained outside Canada it will also be advantageous to the applicant to submit course outlines and syllabi.
4. **Upon certification** the applicant will be informed by the association and will be assessed annual dues.
5. Upon receipt of the application it will be forwarded to the Certification Board for evaluation. All certifications require the approval of the Council of the Association.
6. Applicants are advised to expect a two to three month for certification notification.
7. Applications to the attention of the Registrar should be submitted to the following address;

SAGT Inc.
c/o SLS Association
#7-2010 7th Ave.
Regina, Saskatchewan
S4R 1C2
paul.perron@meridiansurveys.ca

SASKATCHEWAN ASSOCIATION OF GEOMATICS TECHNOLOGIST (SAGT)

Application for Certification

1. Surname _____ Given Names _____

2. Residential Address _____ Telephone _____
City _____ Province _____ Postal Code _____
E-mail Address _____

3. Business Address _____ Telephone _____
City _____ Province _____ Postal Code _____
E-mail Address _____

4. Currently employed in: (check primary area or specify if not listed)
 Legal Surveys Control Surveys Drafting
 Geophysical Surveys Mine Surveys GIS
 Photogrammetry Hydrographic Surveys Cartography
_____ Other (Specify)

5. Major method of training in the above field; (check one)
 academic training work experience

6. Present Employment:

Employer: _____

Position: _____

Duties: _____

Starting date of present employment: _____

Verification of preceding information: From personal knowledge I do state that the answer to question 6 is a fair description of applicants present position.

Signed: _____

Please print name, address and telephone number: _____

(This portion to be signed by a person who has a detailed knowledge of applicant's work, preferably a Commissioned Land Surveyor or Professional Engineer.)

Full Time Education:

College or Technical School

_____ from _____ to _____

_____ from _____ to _____

University

_____ from _____ to _____

Part Time Education

Specify: correspondence, night school, employer sponsored courses, specialty courses, etc.

Name of School: _____

Location: _____

Subjects: _____

Dates: from _____ to _____

Hours of instruction _____ Supervised Exam Credit, Yes/No? _____

Attach additional pages to list other courses or classes taken.