

INFORMATION FOR APPLICANTS APPLYING FOR CERTIFICATION WITH THE SASKATCHEWAN ASSOCIATION OF GEOMATICS TECHNOLOGIST (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
#230 400 Broad Street
Regina, Saskatchewan
S4R 1X3

**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.