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| CIGLOGO2 **Canadian Institute of Geomatics**  Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_  (Leave Blank) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION FOR *RE-CERTIFICATION* AS: GEOMATICS SPECIALIST (\*Specialization):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Photogrammetry 🞎** | | | | | | | | | | | **Remote Sensing 🞎** | | | | | | | | | | | | | | | | **GIS/LIS 🞎** | | | |
| **Geodesy 🞎** | | | | | | | | | | | **Cartography 🞎** | | | | | | | | | | | | | | | | **Geomatics Manager 🞎** | | | |
| *\*Check one (1) specialization only. Separate application forms and fees must be filed for each specialization to be certificated*  ***Please print*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | Address (2) | | | |  | | | | | | | | | |
|  | | | (Street or Box Number or Concession) | | | | | | | | | | | | | |  | | | | (RR, Site, Comp, Subdivision, etc.) | | | | | | | | | |
| City or Town | | | | |  | | | | | | | Prov./Terr./State | | | | | |  | | | | | | | Postal Code | | | |  | |
| Home Tel. No. | | | | | | |  | | | | | | | | | Office Tel. No. | | | | | |  | | | | | | | | |
| Email | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | |
| Date first certified: | | | | | | | |  | | | | | | | | Date last certified : | | | | | | |  | | | | | | | |
| *In renewing this application, I fully understand that it is a voluntary request to the Canadian Institute of Geomatics to review my background and experience for continuing certification in accordance with requirements and criteria established by the Institute. I authorize the Institute to make inquiries regarding my character and professional qualifications, by contacting the references named in this application. Further, I understand and subscribe to the Code of Ethics of the Canadian Institute of Geomatics, with knowledge that any false statement or misrepresentation in this application may result in the denial or revocation of re-certification and the issuance of a complaint in violation of the Code of Ethics.*  *In consideration of CIG’s acceptance and processing of this renewal, 1 agree to waive any and all claims of liability or responsibility against CIG and to indemnify and hold harmless CIG, its executive, officers, committee members, employees, agents and representatives against any and all such injury, damages, or claims made by or on behalf of any persons, partnership, association, or corporation. 1 further acknowledge that CIG, officers, committee members, employees, agents or representatives are not liable to me, or to any other person, partnership, association or corporation, in any way for any injury, damages or claims alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal or termination of any certification issued by CIG.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
|  | (Applicant’s Signature) | | | | | | | | | | | | | | | | | |  | | | | | (Date) | | | | | | |
| ***Payment Options:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. *a cheque is enclosed for $50.* 2. *Online payment $50. Request invoice at* [*admin@cig-acsg.ca*](mailto:admin@cig-acsg.ca) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | | | | | |  | | | | Cheque No | | | |  | | | | | | | | | | | | Amount: $ | | | |  |
| Final Action by Certification Committee: | | | | | | | | | | | | | **🞎** Approved | | | | | | | | | | | | | Date | |  | | |
|  | | | | | | | | | | | | | **🞎** Deferred | | | | | | | | | | | | | Date | |  | | |
|  | | | | | | | | | | | | | **🞎** Denied | | | | | | | | | | | | | Date | |  | | |
| Accounting | | | |  | | | | | **🞎** Send Receipt | | | | | | **🞎** None | | | | | | | | | | | | | | | |
| 100 D - 900 Rue Dynes Road, Ottawa (ON) K2C 3L6  admin@cig-acsg.ca  This application is available in electronic form on the CIG Website at www.cig-acsg.ca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **I. RELEVANT WORK EXPERIENCE (max 20 points)** | | |
| From Year/Month  To Year/Month | Name of employer, position title and  description of each work engagement\* | Name, address and telephone number  of person who knows your work fully |
|  |  |  |
| This statement should be typewritten and begin with first work assignment  since obtaining your Certification or previous Re-certification.  Indicate Civil Service titles if applicable.  Use additional typewritten sheets if necessary  Recertification requirements are described in “CIG Program for Geomatics Specialists” available at www.cig-acsg.ca | | |
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| **II. PAPERS PRESENTED/PUBLISHED AND PANEL PARTICIPATION (max 8 points)**  (List names and dates of technical panels in five years preceding this application. List titles of technical publications/presentations, where published/presented and dates.) | | | |
| **III. ADDITIONAL TRAINING AND EDUCATION (max 8 points)**  (List names and dates of workshops or classes attended or taught in related subjects, or of additional related formal education in five years preceding this application.) | | | |
| **IV. TECHNICAL CONFERENCES AND PROFESSIONAL MEETINGS (max 4 points)**  (List names and dates of technical conferences attended in five years preceding this application that were sponsored by CIG, CCA, CHA, Provincial Survey Associations, ACLS, ASPRS, ACSM, URISA, ISPRS, FIG or other related professional organization. List names and dates of other appropriate professional meetings attended.) | | | |
| **V. ADDITIONAL DATA** (List any information that may assist the committee in evaluating this application for re-certification, e.g. awards received, expressions of client satisfaction.) | | | |
| **VI. PROFESSIONAL ASSOCIATION ACTIVITIES** (List separately the dates, category [regular, associate, etc.] and any offices and/or committee assignments held in CIG and other professional societies or associations for the five years preceding this application): | | | |
| **VII. REFERENCES** (Name at least four persons who have a personal knowledge of your character and professional qualifications in photogrammetry, remote sensing, GIS/LIS, geodesy, cartography and/or Geomatics management for the five years preceding this application): | | | |
| [1] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |
| [2] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |
| [3] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |
| [4] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |

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| **ADDITIONAL REFERENCES Geomatics management** –References from two major clients. | | | |
| [1] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |
| [2] |  |  |  |
|  | Name |  | P.O. Box or Street or Lot/Concession |
|  | Site/Compartment, RR, Station |  | City/Town Prov./Terr./State |
|  | Postal Code |  | Email Address |