INTERPROVINCIAL TRANSFER FORM FOR CERTIFIED MEMBERS*
of Applied Science and Engineering Technology Associations

Instructions to Applicant
Complete sections A to C, attach the required documentation, and forward the completed form and applicable transfer fee of $50 plus applicable taxes, as listed below, to the association/society/ordre in your new province.

[ ] BC $52.50  [ ] AB $52.50  [ ] SK $50.00  [ ] MB $50.00  [ ] ON $56.50  [ ] QC $56.43  [ ] NB $56.50  [ ] NS $50.00  [ ] PEI $52.50  [ ] NL $56.50

A. GENERAL INFORMATION

| Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other ☐ | Date of Birth (mm/dd/yyyy):
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: Initial: Last Name:</td>
</tr>
</tbody>
</table>

Residence Mailing Address

<table>
<thead>
<tr>
<th>Number &amp; Street:</th>
<th>Apartment/Suite:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>Province: Postal Code:</td>
</tr>
</tbody>
</table>

Telephone (including area code) 

<table>
<thead>
<tr>
<th>Residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business:</td>
</tr>
<tr>
<td>Cell:</td>
</tr>
</tbody>
</table>

Employment

<table>
<thead>
<tr>
<th>Employer Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number &amp; Street:</td>
</tr>
<tr>
<td>Suite:</td>
</tr>
<tr>
<td>City/Town:</td>
</tr>
<tr>
<td>Province: Postal Code:</td>
</tr>
<tr>
<td>Present Job Title:</td>
</tr>
<tr>
<td>Date started in this position:</td>
</tr>
</tbody>
</table>

* Membership categories such as Associate, Student, Life, Honorary, etc. are not transferable. You will be awarded the corresponding title in use in your new province. RECLASSIFICATION AND EXAMINATION PROGRAMS FOR CERTIFIED TECHNICIANS MAY NOT BE TRANSFERABLE. You must be a member in good standing in the province in which you are registered before a transfer of membership will be accepted. Some provinces may require applicants to pass a Professional Practice Examination or meet other administrative requirements. Applicants are expected to meet the language requirements in the province to which they are transferring.
B. EDUCATION
Complete the following summary of your academic achievement in detail.

<table>
<thead>
<tr>
<th>Name and Location of Institute, College or University</th>
<th>Years in Attendance</th>
<th>Program Name &amp; Level Achieved (Diploma, Certificate, Degree, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

C. APPLICANT DECLARATION
1. I understand that any misrepresentation made by me, may adversely affect my transfer to another province.

2. I am currently a certified TECHNICIAN ☐ TECHNOLOGIST ☐ in the Province of _______________.
   Membership #: _____________________

3. I have ☐ have not ☐ written the Professional Practice Examination in the Province of _______________.

4. I wish to maintain ☐ terminate ☐ my membership in the Province of ______________________ upon completion of my transfer to the association/society/ordre in my new province of residence.
   (Some provinces may offer non-resident rates)

In addition to the above, have you ever been a member of another Applied Science/Engineering Technology Society or Association in a province of Canada?  Yes ☐ No ☐

If yes, indicate the province: __________________ When: __________________
Membership Classification: __________________ Membership #: __________________

I understand that for the transfer to take effect, a copy of my academic records will be transferred from the Association/Society/Ordre in which I am making application for transfer.

From: ______________________________________________________________________________________
   (Originating Association/Society/Ordre)

To: _______________________________________________________________________________________
   (New Association/Society/Ordre)

Note: Foreign language documentation must be accompanied by a certified English translation (French in Québec or either language in New Brunswick)

I certify that the information supplied by me on this form (including the attachments) is true and correct to the best of my knowledge. I further agree to abide by the Code of Ethics, Act and Regulations, or Bylaws of the Association/Society/Ordre to which I am transferring.

Signature: ___________________________ Date: ______________________ (mm/dd/yyyy)
D. ORIGINATING PROVINCE INFORMATION – FOR STAFF USE ONLY
This information is to be provided by the province of original registration upon request by the province of new residence.

Applicant Name: __________________________________________________________

1. Information in Section C confirmed? Yes ☐ No ☐
If no, provide details: __________________________________________________________

2. Was the applicant a transferee from another province? Yes ☐ No ☐
If yes, provide previous province: __________________________________________________

3. Discipline of registration (including specialty or option): __________________________________________________
Date of certification at the classification level: ________________________ (mm/dd/yyyy).

4. The applicant has successfully passed the Professional Practice Examination in the Province of ____________________________ on ______________ (mm/dd/yyyy).

5. Documentation (attached):
   Transcripts Yes ☐ No ☐
   Academics or File Evaluation Summary Yes ☐ No ☐
   Experience Evaluation Summary Yes ☐ No ☐
   Reclassification Program Yes ☐ No ☐

Current Category of Member Registration (Please circle the member’s exact level of membership)


TECHNICIAN:    C.E.T.  CET  C.Tech.  CTech

The technologist applicant has completed a technology report. Yes ☐ No ☐
If no, please explain. __________________________________________________________

Does applicant have current year’s dues paid in full? ☐ Yes ☐ No
If yes, dues valid until? ______________ (mm/yyyy)

Affix Seal Here

Date: ____________________________ (mm/dd/yyyy) ____________________________ (Registrar’s Signature)

E. NEW PROVINCE INFORMATION – FOR STAFF USE ONLY
Upon acceptance, the “transfer-to” province shall complete this section and return a copy to the “transfer-from” province.

____________________________________ acknowledges that registration of the above named applicant
(Association/Society/Ordre)

was completed on ______________.
(mm/dd/yyyy)