



Institute of Engineering Technology of Ontario (IETO)

Application for Technical Exams

Name: _____ Membership #: _____

Telephone # (including area code): _____

Mailing Address: _____

Email Address: _____

I am applying to write the following technical examination(s):

Subject Name (as indicated on your Qualifications Assessment) or Area of Specialty:

The technical examination(s) will be written at the OACETT office for those in the Toronto and surrounding area. All other candidates will be asked to provide the name, title, address and telephone number of a professional person who will supervise the exam. (The candidate's supervisor, or a Professional Engineer, C.E.T., or other qualified professional would be a suitable person). Candidates will also be requested to arrange with the exam invigilator, the time and location for writing the exam and to advise OACETT.

I understand this is a contractual undertaking and any examination fees are **non-refundable and non-transferable**.

_____ Date

_____ Signature

Notes on the Examination

Technical Exams are self-study. A brief examination preparatory study guide (which will include a list of texts recommended for review) is provided by the Examination Committee. Candidates may expect to receive this guide within four weeks after this application has been received by OACETT. Candidates will also be informed of any allowable examination aids permitted when writing the exam.

Payment Type: Visa Master Card Cheque/Money Order

(Examination Fee \$406.85 per exam)

Credit Card #: _____ Expiry Date: _____
mm/yyyy

Authorized Signature: _____

(Cardholder will pay to the issuer of the charge card the amount in accordance with the Issuer's agreement with the cardholder)

Return form and fees to:

Carol Warner, C.Tech.
Manager, Admissions and Certification
OACETT
Suite 404 - 10 Four Seasons Place
TORONTO ON M9B 6H7
Fax: 416.621.8694
Email: cwarner@oacett.org

(H.S.T. #107796658RT0001)

We Set the Standard