



The Institute of Chartered Technical Practitioners of Canada

Founded in 1954, Incorporated by Federal Charter in 1979
1800 Sheppard Avenue East, P.O. Box 55036, Toronto, Ontario M2J 5B9

Application Form
TE1UNM

APPLICATION FOR THE TECHNICAL EXAMINATION

Examination Date:

Scheduling Deadline:

Upgrade:

New Member:

I hereby apply to write the TECHNICAL Examination under the new EEE Standards set by the Institute.

Social Insurance Number: _____ - _____ - _____ Date of Birth: _____

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Apt. No. City State/Province Postal Code

Business Phone Number: () _____ - _____ Home Phone Number: () _____ - _____

Email Address: _____

Applicant's Signature: _____ Date (Month/Year): _____

FEE: The fee for the TECHNICAL EXAMINATION is \$150.00 Cdn. payable at time of application and is NONREFUNDABLE. Please remit by Cheque or Money Order made payable to the Institute of Chartered Technical Practitioners of Canada. (cash or credit card will cannot be accepted at the present time)

IMPORTANT NOTES: This Application Form is valid only for Upgrading and New Applicants/Candidates – All candidates must present a photo ID at time of exam. This is a CLOSED BOOK EXAM. A sheet of formulas/equations will be provided at the time of examination. Basic calculators allowed ONLY. All candidates must show all work. Final answers without calculations will not be accepted.

Discipline: Civil Mech. Electrical Structural Industrial Other _____

Subject: Math Mechanics Fluid Timber Soil Steel Other _____

FOR BOARD USE ONLY

Examiner's Notes:

Approved By:

Signature of Supervising Officer:

| | | | |
|----------------|----------------------------------------------------------|--------------------------------|----------------------------------------------------------------|
| Date Received: | | Place and Date of Examination: | |
| File Number: | | Examination Supervised By: | |
| Fee Rec'd | Yes <input type="checkbox"/> No <input type="checkbox"/> | PASS <input type="checkbox"/> | FAIL <input type="checkbox"/> REWRITE <input type="checkbox"/> |