



Application for Reclassification

Please Print or Type

(Change of Discipline)

Miss/Mrs. _____
Ms./Mr. _____ (Legal Family Name) _____ (Legal Given Names) Mbshp. No. _____

Resident Address _____
_____ Postal Code _____

Telephone Nos.: Home () _____ Work () _____
Fax () _____ Cell () _____
Email _____ Pager () _____

Present Classification _____ **Current Discipline** _____
Discipline Desired _____

Copies of identification enclosed;

- Canadian Passport and Birth Certificate or
- Provincial Driver's License and Birth Certificate or
- Other government photo identification and Birth Certificate

For reclassification to Technician or Technologist please complete the following items which apply to you. Check with the office if you are uncertain.

1. Additional academic qualifications: Copies of diplomas/certificates and an original or certified copy of transcript of marks and course outlines for year the course/program was completed must be submitted to substantiate courses or program of studies indicated.
2. Experience: Describe, in detail, on a separate sheet, present position indicating degree of technical competence and the extent to which you are supervised. Also list each position previously held, with appropriate dates, including name and address of employer, description of job and immediate Supervisor. Please supply a company job description if available. Do not submit a resume only. Your current supervisor must sign your current job description
4. References: On a separate sheet give name and address of four persons, ASCT, CTech, P.Eng., R.P.F., M.A.I.B.C., P.Ag., B.C.L.S., or other registered Professional, if possible, who have a good knowledge of your capabilities and work experience. These individuals will be required to complete a reference questionnaire. Where practical, one reference should be your current, immediate supervisor.

PRESENT EMPLOYER _____ DATE STARTED _____

ADDRESS _____

POSITION _____ DATE APPOINTED _____

Name of Supervisor (please print) _____ Position _____

Signature of Supervisor _____ Designation _____
(Your Supervisor must sign your attached current job description)

Fees: A Reclassification Fee of \$168.00 (\$150.00 + 12% HST) must accompany this application. Please make cheque or money order payable to Applied Science Technologists and Technicians of British Columbia.

All information will be treated as confidential, except as required by law and for internal administrative purposes.

Signature of Applicant _____ Date _____

My signature on this application testifies that the information given on this form is a true record of my education and experience to the best of my knowledge; and represents my irrevocable consent for the Association to obtain and to release information and records relevant to the application process. I also hereby release any party providing such information and records from liability for such action.

If granted registration, I hereby agree to abide by the terms of the ASTT Act, Regulations (By-Laws), Code of Ethics, Practice Standards and disciplinary policies as established from time to time by the Council of ASTTBC.

Office use only

Date received: _____ Receipt No. _____