



Timber Cruiser/Evaluator Application for Reclassification

This package is for anyone applying for a change from one timber cruising classification to another.

For Example:

- (1) Accredited Timber Cruiser (ATC) to Accredited Timber Evaluator (ATE)
- (2) ATC (Coast) or ATC (Interior) to ATC (Provincial)

ATC/ATE Reclassification Application



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For Example:

- (1) Accredited Timber Cruiser (ATC) to Accredited Timber Evaluator (ATE)
- (2) ATC (Coast) or ATC (Interior) to ATC (Provincial)

If you have any questions about associate member reclassification, contact the registration department directly by e-mail: admissions@abcfp.ca or by phone: 604.687.8027.

Forms Included in This Package:

This package includes all the forms necessary to apply for ATC/ATE reclassification with the ABCFP. Use the checklist provided on the next page to ensure your application is complete and accurate. This package contains the following forms:

- Application for Reclassification
- Work Experience Form

Mail Completed Applications to:

Registration Department
Association of BC Forest Professionals
602-1281 West Georgia Street
Vancouver, BC V6E 3J7

Your application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY.** Mail completed applications to the registration department. Applications submitted by **FAX or DIGITALLY WILL NOT BE ACCEPTED.**

What's Next?

Once your application has been assessed by registration staff, they will work with the Forest Measurements Board to arrange for you to write the appropriate exam with an invigilator. Once you pass the exam, the Forest Measurements Board and registration staff will finalize your reclassification.

ATC/ATE Reclassification Applicant Checklist



This checklist will help you ensure your reclassification application is complete and accurate. Your reclassification application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY.** Mail completed applications to the registration department. **FAXED OR DIGITAL FORMS WILL NOT BE ACCEPTED.**

1. Application for Reclassification

- Have you completed all pages in full?
- Have you signed your Application for Reclassification?

2. Academic Records

- Have you included photocopies for all relevant academic records (courses, credits received, diplomas, certificates) granted since original certification?

3. Application Fee

Refer to the Fees page of the ABCFP website (www.abcfp.ca) for the current amount.

- Have you enclosed your application fee for reclassification? Have you included all applicable taxes?

4. Work History

- Have you included your completed Work History form (it should clearly demonstrate your level of work experience that meets the new level of classification)

5. Timber Cruiser's Log

Copies of applicable sections from your Timber Cruiser's Log must accompany your application.

- If applying for reclassification as an ATC Provincial, have you enclosed copies of Level 1, 2 and 3 forms that have been endorsed by an ATC, ATE, RFT or RPF?
- If applying for reclassification as an ATE, have you enclosed copies of Level 4 forms that have been endorsed by an ATE, RFT or RPF?

Your application package must contain all forms together in one package. DO NOT SUBMIT FORMS SEPARATELY. Mail completed applications to the registration department. FAXED OR DIGITAL FORMS WILL NOT BE ACCEPTED.

Application for Reclassification



Membership Category

I am currently an (choose one) :

Accredited Timber Cruiser (ATC) Coast Interior Provincial
 Accredited Timber Evaluator (ATE) Coast Interior Provincial

I would like to apply for reclassification as an (choose one) :

Accredited Timber Cruiser (ATC) Coast Interior Provincial
 Accredited Timber Evaluator (ATE) Coast Interior Provincial

Personal Information

Legal Last Name _____ Legal First Name _____ Member Number _____

Preferred First Name _____ Salutation: Mr. Ms. Mrs. Dr.

Gender: Male Female

Are you of Aboriginal ancestry? (optional) Yes No **Metis** Yes No **Inuit** Yes No

Place of Birth: _____ Date of Birth: _____
Country dd/mm/yy

Citizenship: Are you a Canadian citizen or otherwise legally eligible to accept work in Canada? Yes No

Business Address Send correspondence to: Business Home

Title _____

Organization Name _____

Street Address _____ Mailing Address (if different) _____

City _____ Province _____ Postal Code _____

() _____ () _____
 Telephone _____ Extension _____ Fax _____

() _____
 Cellular _____ Business E-mail _____

Home Address

Street Address

Mailing Address (if different)

City

Province

Postal Code

()

()

Telephone

Cellular

Home E-mail

Education History

Full-Time Education: List degrees/diplomas obtained starting with the most recent. Attach a separate sheet if additional space is required. Include photocopies of applicable academic records with your application package.

1.

Institution Name

Province/State, Country

Program Name

2.

Institution Name

Province/State, Country

Program Name

Specialized Courses: Submit photocopy of certificates

1.

Institution Name

Province/State, Country

Course Name

2.

Institution Name

Province/State, Country

Course Name

3.

Institution Name

Province/State, Country

Course Name

Cruise Seminars

1.

Seminar Name

Province/State, Country

Date Completed

2.

Seminar Name

Province/State, Country

Date Completed

3.

Seminar Name

Province/State, Country

Date Completed

Cruise Committee(s)

1.

Committee Name

Position

Year

2.

Committee Name

Position

Year

3.

Committee Name

Position

Year

4.

Committee Name

Position

Year

Privacy Statement

The *Freedom of Information and Protection of Privacy Act* does not allow the ABCFP to release a member's home address without their consent. The ABCFP publishes an online membership directory for its members (www.abcfp.ca). NOTE: The ABCFP's mailing list is not released to advertisers or any other outside parties. **I authorize the ABCFP to publish my:**

- Business Address
- Home Address
- Both Addresses
- Neither Address

Certification

I recognize that under the *Foresters Act* a person commits an offence if they apply for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my education and experience and if granted membership under the terms of the *Foresters Act* and the bylaws of the association, agree to abide by the terms of the *Foresters Act* and the association's bylaws (including the Code of Ethics and Standards of Professional Practice).

Date Signature of Applicant

Application Fee

Applicant's Last Name First Name Middle Name

Fee payment options:

- Cheque or money order
- Charge my credit card for the full amount
- Visa
- MasterCard

Application fee \$ _____ See Fees page (http://www.abcfp.ca/members_area/my_membership/fees.asp) for current amount.

HST \$ _____

Total amount \$ _____

_____ / _____

Credit Card Number Expiry Date

Name on Card Signature of Cardholder

Work History



Provide a detailed account of all applicable related work and volunteer experience. The Forest Measurement Board is particularly interested in work experience gained since you were first certified. Attach additional sheets if more space is required. Include this form with your reclassification application package.

Applicant: _____
Last Name First Name

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)

Specific Duties Performed			

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)

Specific Duties Performed			

Certification

I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my work experience.

Date	Signature of Applicant
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