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)
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)

If you 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.**

<table>
<thead>
<tr>
<th>1. Application for Reclassification</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Have you completed all pages in full?</td>
</tr>
<tr>
<td>❑ Have you signed your Application for Reclassification?</td>
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</tbody>
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<table>
<thead>
<tr>
<th>2. Academic Records</th>
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<tbody>
<tr>
<td>❑ Have you included photocopies for all relevant academic records (courses, credits received, diplomas, certificates) granted since original certification?</td>
</tr>
</tbody>
</table>

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<tr>
<th>3. Application Fee</th>
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<tbody>
<tr>
<td>❑ Have you enclosed your application fee for reclassification? Have you included all applicable taxes?</td>
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<tr>
<th>4. Work History</th>
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<tbody>
<tr>
<td>❑ Have you included your completed Work History form (it should clearly demonstrate your level of work experience that meets the new level of classification)</td>
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<tr>
<th>5. Timber Cruiser’s Log</th>
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<tbody>
<tr>
<td>❑ 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?</td>
</tr>
<tr>
<td>❑ 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?</td>
</tr>
</tbody>
</table>

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 ☐ Yes ☐ No

Metis ☐ No Inuit ☐ No

Place of Birth: ___________________________ Country ___________________________

Date of Birth: 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

ATC/ATE Reclassification: Application Form
### 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.

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Province/State, Country</th>
<th>Program Name</th>
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<tbody>
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<td>2.</td>
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**Specialized Courses:** Submit photocopy of certificates

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<tr>
<th>Institution Name</th>
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<th>Course Name</th>
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<td>3.</td>
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**Cruise Seminars**

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<tr>
<th>Seminar Name</th>
<th>Province/State, Country</th>
<th>Date Completed</th>
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**Cruise Committee(s)**

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<thead>
<tr>
<th>Committee Name</th>
<th>Position</th>
<th>Year</th>
<th>2. Committee Name</th>
<th>Position</th>
<th>Year</th>
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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.

<table>
<thead>
<tr>
<th>Start (dd/mm/yy)</th>
<th>End (dd/mm/yy)</th>
<th>Employer &amp; Location(s)</th>
<th>Position (job title/project name)</th>
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Specific Duties Performed

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## Work History Form

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### 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.

<table>
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<th>Signature of Applicant</th>
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