



Institute of Accounting Technicians
Suite 420-1090 West Pender Street
Vancouver, British Columbia
V6E 2N7, CANADA

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www.instituteofat.org

APPLICATION FOR IAT CERTIFIED DESIGNATION

- Please complete all relevant sections below in **BLOCK CAPITALS**. Use black or blue ink.

Section One - Your details		
Last name:	First name:	Title:
Address:	Home phone #:	
	Work phone #:	
	Fax #:	
Post Code:	Email Address:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: Day / / Month / / Year / / / /	

Section Two - Employment details		
Please indicate the working area in which you are engaged by ticking the appropriate box below:		
<input type="checkbox"/> Practice	<input type="checkbox"/> Industry/Commerce	
Name of Employer:	Work phone #:	
Address:	Fax #:	
	Email Address:	
	Nature of Business:	
Post Code:	Your Job Title:	Date Stated:

Section Three - Referee (e.g. College Lecturer or Employer)		
Last name:	First name:	Title:
College/Company Name:	Position Held:	
Work Address:	Phone #:	
	Fax #:	
	Email address:	

Section Four - Education

Name of College/University/

Examining Body/Professional Body

Qualifications

Date Awarded/
To Be AwardedLength of
CourseFull Time/
Part Time

Section Five - Professional Qualifications

Name of Professional Body

Membership by
Examination
(yes/no)Type of Membership
(e.g. Fellow, Associate
Affiliate)Date of
Membership

Section Five - Reference

Business Reference

Personal Reference

Name:	Name:
Company Name:	Address:
Position Held:	
Work address:	
Professional Qualification & Registration Number:	
Email address:	

Signature:		Date:	
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Waiver

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials, or allow my membership in the Institute of Accounting Technicians to lapse, I understand and agree that my CIAT Status will be revoked and my membership terminated. I affirm that all the information that I have provided to IAT is true, correct, and complete and I agree to hold harmless and indemnify the IAT and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last 10 years and I am not under any investigation by any legal or licensing board.

The IAT does not endorse, guarantee or warrant the work or opinions of any individual member.

Signature

Date