



*A member  
of the  
Canadian  
Council of Land  
Surveyors*

Attention: Council

I hereby request that my registration as a practitioner be cancelled in accordance with Section 28 of the Land Surveyors Act.

This application form is to be used by surveyor's corporations and surveyor's partnerships that do not intend to engage in the practice of surveying and wish to cancel their permit to practice.

This application form is also to be used by Alberta Land Surveyors and retired Alberta Land Surveyors who wish to cancel their registration. Alberta Land Surveyors who wish to be placed on the register of retired Alberta Land Surveyors should complete the application for retired membership.

Please complete the form below and mail, fax, or email it to the Alberta Land Surveyors' Association.

## **Application for Cancellation of Registration**

1. Your name
  
2. Reason for requesting cancellation.
  
3. Date you last actively practiced surveying in Alberta. (month/year)
  
4. Date you last registered a plan. (month/year)
  
5. Do you have any unfinished projects?  
  
If yes, please explain arrangements to complete them (include confirming letter from practitioner if applicable).
  
6. Do you have any unregistered plans?  
  
If yes, please explain arrangements to register them or otherwise resolve them (include confirming letter from practitioner if applicable).

7. Do you have any dormant plans?

If yes, please explain arrangements to register them or otherwise resolve them (include confirming letter from practitioner if applicable).

8. To your knowledge, are there any identified alleged plan or survey errors?

If yes, please explain arrangements to correct (include confirming letter from practitioner if applicable).

9. What arrangements have been made for adequate past acts professional liability insurance?

10. Do you have any unsettled professional liability insurance claims or any situations that may result in a claim?

If yes, please explain.

11. Are you aware of any circumstances that may result in a complaint against you or an insurance claim?

If yes, please explain.

12. Do you have an open systematic practice review/continuing competency review file?

If yes, please explain.

13. Please provide the location of where the field notes of the applicant are to be stored.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date