

Non-Member Registration Form

Non-Member Information

Name:	
Mailing Address:	
Email:	
Telephone:	
Company Name:	
Association/Organization:	
Member Number:	
License/Certification Number (if required):	
10 years inspection experience:	Yes No n/a
Education:	UBC BUSI 400 Laval GUI-2103 Seneca RPA 306 Equivalent: n/a
Liability Insurance:	Yes No
Attachments:	Proof of Membership in Association/Organization Copy of License/Certification (if applicable) Resume Copy of Insurance Certificate Copy of Educational Transcripts

Non-member Certification:

I certify that:

- The information that I have provided to the AIC is true and current.
- I am a member in good standing with the Association/Organization identified above.
- I understand that the only professional service that I may provide to the AIC Member named above is inspection of property.

- I will perform professional assistance to the AIC Member named below in accordance with CUSPAP
- I agree to indemnify and hold harmless the Member named below against any and all claims, suits, losses, damages, fines, charges, taxes or penalties and expenses (including legal fees and expenses) for any failure to perform my duties, obligations, covenants, agreements, warranties or representations or to comply with applicable laws, rules, regulations, and professional standards that are in any way related to an inspection, including inspection information, personal information, the use of information by any unauthorized user, and any personal injury and property damage from my negligent act or omission.

Signature

Member Information

Member Name:

Member Number:

Member Company Name:

Member Business Address:

Member Telephone:

Member email:

Member Certification:

I certify that:

- To the best of my knowledge, the information provided to the AIC is true and current.
- I understand that the only professional assistance the non-member named above can provide is inspection of property.
- I will ensure that any professional assistance provided complies with CUSPAP including, but not limited, to competency and disclosure requirements.
- I understand that failure to comply with CUSPAP may affect my professional liability insurance coverage.

Signature

FOR OFFICE USE ONLY

Association is approved by AIC:	Yes	No	
	Date:		
Proof of Membership in good standing received:	Yes	No	
	Date:		
Copy of license/certification received:	Yes	No	n/a
Resume received:	Yes	No	
	Date:		
Educational records received:	Yes	No	n/a
	Date:		
Proof of insurance received:	Yes	No	
	Date:		
Amount of Liability Coverage:	\$		
Registration approved:	Yes	No	
	Date:		
Registration Start and End Dates:	Start Date:		
	End Date:		