

<p>ASSOCIATION OF TRANSLATORS AND INTERPRETERS OF ONTARIO</p> <p><b>ATIO</b></p> <p>ASSOCIATION DES TRADUCTEURS ET INTERPRÈTES DE L'ONTARIO</p> <p>Member of the Canadian Translators, Terminologists and Interpreters Council (CTTIC)</p>	<h2 style="text-align: center;">APPLICATION FORM ON-DOSSIER CERTIFICATION TRANSLATION</h2>
	<p>Translators are professional communicators who translate written documents from one language to another.</p>

CONTACT INFORMATION			
First and Last Name:		Preferred name:	
Native language:	Title: Mr. Ms. Mrs.	Telephone:	
Mailing address:		Email:	
City:	Province:	Postal code:	
Language of correspondence: EN FR		Date of Birth:	

LANGUAGE COMBINATION	
(You translate FROM what language TO what language?) One Combination per Application	
Source Language	Target Language

EXPERIENCE
<p>Number of years of full-time experience, or equivalent part-time experience, in the category and language combination / language pair indicated above? /</p>

PRESENT STATUS
<p>Salaried      *Freelance      **Independant      Retired</p> <p><i>* Accepts occasional assignments      ** Self-employed in the field</i></p>

EDUCATION				
<p><i>List all post-secondary studies.</i></p> <p><i>Attach certified copies of your college and/or university diplomas and transcripts.</i></p>				
Institution:	Location:	Program of Studies:	Diploma obtained :	Year From - To:

1 Nicholas Street ▪ Suite 1202 ▪ Ottawa Ontario K1N 7B7  
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RECORD OF EMPLOYMENT			
<p align="center"><i>Please list current and previous employers. (If more space is required, please use a separate sheet.)</i></p>			
1 Employer:		Supervisor (name, title and telephone number):	
Job title and classification:			
Language combination(s):		Employment period :	
		From:	To:
		(Month) (Year)	(Month) (Year)
2 Employer:		Supervisor (name, title and telephone number):	
Job title and classification:			
Language combination(s):		Employment period:	
		From:	To:
		(Month) (Year)	(Month) (Year)
3 Self-Employed:	Type of Work:	Employment period:	
Language combination(s):		From:	To:
		(Month) (Year)	(Month) (Year)
SPONSORS			
1 Name:	Telephone:	2 Name:	Telephone:
Title:	Address:	Title:	Address:
3 Name:	Telephone:	4 Name:	Telephone:
Title:	Address:	Title:	Address:

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<b>5 Name:</b>	Telephone:	<b>6 Name:</b>	Telephone:
Title:	Address:	Title:	Address:

REFERENCES	
<b>1 Name:</b>	Telephone:
Title:	Address:
<b>2 Name:</b>	Telephone:
Title:	Address:
<b>3 Name:</b>	Telephone:
Title:	Address:

<p align="center"><b>Non-refundable application fee: \$767 plus tax</b></p> <p align="center">Applications will only be reviewed upon receipt of the application fee.</p> <p align="center">Applications paid by credit card must be submitted electronically to <a href="mailto:application@atio.on.ca">application@atio.on.ca</a></p> <p align="center">Applications paid with a cheque must be submitted via regular mail to:</p> <p align="center">1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7</p> <p align="center"><b>(Please do not submit your application using both methods)</b></p>
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PAYMENT INFORMATION			
Payment type:	Visa	MasterCard	Cheque (payable to ATIO)
The ATIO office will call you at the number you provided to process your payment if using a credit card.			

IMPORTANT, MUST-READ INFORMATION
<ul style="list-style-type: none"> <li>You will be contacted by email if the Secretariat requires further supporting documents prior to submitting your dossier to the Recognition and Certification Committee.</li> <li>Non-required admission documents will not be consulted, conserved, or returned to applicants. These documents will be destroyed as per our administrative procedure.</li> <li>The attached disclaimer must be completed and signed before proceeding to the next step of the process.</li> </ul>

SIGNATURE
<input type="checkbox"/> I have read and understood all instructions on this form as well as on the ATIO website. <input type="checkbox"/> I have completed this form as indicated. <input type="checkbox"/> I have included the required documents. <input type="checkbox"/> I authorize the verification of the information provided on this form and in the attached documents

<b>Applicant's signature:</b>	<b>Date:</b>
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**Please submit this form and all supporting documents to: [membership@atio.on.ca](mailto:membership@atio.on.ca)**

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## **ON-DOSSIER CERTIFICATION PROCESS WAIVER AND DISCLAIMER**

*Your on-dossier submission must include this form.*

### **DISCLAIMER**

The on-dossier certification is intended for candidates for certification that are in good standing with ATIO. These candidates are experienced translators and interpreters who wish to have their competence recognized by their peers. It does not seek to identify aptitude or potential, but rather to attest to a candidate's professional skills. A candidate who can produce a translation that is faithful and idiomatic and requires little or no revision is deemed capable of practicing independently.

ATIO strongly encourages candidates to review the information and links found on the "How to Apply for On-dossier Certification" page on the ATIO Website.

Before deciding to submit an application, candidates must review the following information:

- All candidates for certification via on-dossier **must be in good standing during the entire process.** If a candidate fails to renew their membership, they will no longer be eligible to receive their results until dues have been reconciled.
- The Recognition and Certification Committee's evaluation takes up to **3 months for dossiers in the official languages of Canada and up to 2 years or more for dossiers in foreign or rare languages.**
- The on-dossier application fee is non-refundable.

**I UNDERSTAND THE POSSIBLE DELAYS IN RECEIVING MY RESULTS. I ALSO UNDERSTAND I MUST PAY MY ANNUAL MEMBERSHIP DUES THROUGHOUT THIS ENTIRE PROCESS. Initials: \_\_\_\_\_**

### **WAIVER**

The candidate hereby acknowledges to pay annual dues irrespective of the possible delays that may arise during the evaluation process.

I, \_\_\_\_\_, understand and accept the terms and conditions outlined above.

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**

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