



Member of the Canadian Translators,
Terminologists and Interpreters Council (CTTIC)

APPLICATION FORM ON-DOSSIER CERTIFICATION TRANSLATION

Translators are professional communicators who translate written documents from one language to another.

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
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EXPERIENCE

Number of years of full-time experience, or equivalent part-time experience, in the category and language combination / language pair indicated above? /	
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PRESENT STATUS

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

EDUCATION

List all post-secondary studies.
Attach certified copies of your college and/or university diplomas and transcripts.

Institution:	Location:	Program of Studies:	Diploma obtained :	Year From - To:

1 Nicholas Street ▪ Suite 1202 ▪ Ottawa Ontario K1N 7B7
1 rue Nicholas ▪ Bureau 1202 ▪ Ottawa (Ontario) K1N 7B7

☎ (613) 241-2846 ▪ 📠 (613) 241-4098 ▪ 📞 1-800 234-5030 ▪ www.atio.on.ca ▪ info@atio.on.ca

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RECORD OF EMPLOYMENT			
<i>Please list current and previous employers. (If more space is required, please use a separate sheet.)</i>			
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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5 Name:	Telephone:	6 Name:	Telephone:
Title:	Address:	Title:	Address:

REFERENCES	
1 Name:	Telephone:
Title:	Address:
2 Name:	Telephone:
Title:	Address:
3 Name:	Telephone:
Title:	Address:

<p>Non-refundable application fee: \$750 plus tax</p> <p>Applications will only be reviewed upon receipt of the application fee.</p> <p>Applications paid by credit card must be submitted electronically to application@atio.on.ca</p> <p>Applications paid with a cheque must be submitted via regular mail to: 1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7 (Please do not submit your application using both methods)</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"> You will be contacted by email if the Secretariat requires further supporting documents prior to submitting your dossier to the Recognition and Certification Committee. Non-required admission documents will not be consulted, conserved, or returned to applicants. These documents will be destroyed as per our administrative procedure. The attached disclaimer must be completed and signed before proceeding to the next step of the process.

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

Applicant's signature:	Date:
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Please submit this form and all supporting documents to: membership@atio.on.ca

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