



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 |
|-----------------|-----------------|

EXPERIENCE

Number of years of full-time experience, or equivalent part-time experience, in the category and language combination indicated above:

PRESENT STATUS

| | | | |
|---------------------------------|------------|--------------------------------------|---------|
| Salaried | *Freelance | **Independant | Retired |
| *Accepts occasional assignments | | ** <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

Please list current and previous employers.

(If more space is required, please use a separate sheet.)

| | | | |
|-------------------------------------|--|-------------------------------------|--|
| 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) | |
| SPONSORS | | | |
| 1 Name: Title: | Telephone: Address: | 2 Name: Title: | Telephone: Address: |
| 3 Name: Title: | Telephone: Address: | | |

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

Non-refundable application fee: \$800 plus tax

Submissions will only be reviewed upon receipt of the application fee.

Payments by credit card must be submitted electronically to dossier@atio.on.ca

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 submission using both methods)

PAYMENT INFORMATION

| | | | |
|---------------|------|------------|--------------------------|
| Payment type: | Visa | MasterCard | Cheque (payable to ATIO) |
|---------------|------|------------|--------------------------|

The ATIO office will contact you to process your payment.

IMPORTANT, MUST-READ INFORMATION

- 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 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

I have read and understood all instructions on this form as well as on the ATIO website.
 I have completed this form as indicated.
 I have included the required documents.
 I authorize the verification of the information provided on this form and in the attached documents

| | |
|-------------------------------|--------------|
| Applicant's signature: | Date: |
|-------------------------------|--------------|

Please submit this form and all supporting documents to: dossier@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