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92 Queen Street Charlottetown
tel: (902) 892-TECH (8324) email: registrar@techpei.ca

Request for Upgrading Form

Member name: (please print) _____

Membership Number: _____

Applying for upgrade to: (select one) _____ Certified Technician (CTech)
_____ Certified Engineering Technologist (CET)
_____ Applied Science Technologist (AScT)

Two year work experience (Job Description):

From personal knowledge, I state that the above is a fair statement of the applicant's duties and responsibilities.

X _____
Name (please print) Signature

For association use only
Date Received: _____ Registrar approval: _____