TechNova Certified Technology Professionals

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REQUEST FOR UPGRADING

Name: _____ **Membership No.** _____
(Please print)

Applying for upgrading to (select one):

___ Certified Engineering Technologist (CET)
___ Certified Technician (C.Tech)
___ Certified Applied Science Technologist (AScT)

Verification of Two Years Relevant Work Experience:

Start Date: _____ **End Date:** _____

From: _____ To: _____

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

_____ _____ P.Eng., CET, C.Tech or Other Professional

Name *(Please print)* **Signature**