

Once approved you will receive an email confirmation.

SECTION A

NAME:		COMPANY:	
MAILING ADDRESS:		DATE OF BIRTH:	
CITY:	PROVINCE:	POSTAL CODE:	
TELEPHONE:		EMAIL ADDRESS:	

SECTION B**Documents Required (See CTSP guide for further details):**

- Application and Resume (with dates of employment)
- One Professional Reference
- Letter of experience from a current or recent employer
- High School Diploma OR jurisdictionally recognized equivalency (GED)

The following must accompany this Application Form:

- Copy of the above documents
- Processing fee payment of \$49.95 +GST

I acknowledge that upon completion of the CSTP designation, I will complete ongoing continuing professional development starting the year following graduation.

- 75 hours to be achieved over a 3-year time period.
- 60 of those hours need to be verifiable.

Credit Card Number:

Expiry Date:

CVV:

Card Holder Name:

Signature:

***Submit completed form and
required documentation to:***

*Education Administrator
Alberta Motor Transport Association
E-Mail: training@amta.ca*

All Documents must be submitted, or the application will be rejected.

