



Application Form – Limited License Agrologist (LLAg)

Personal Information

First Name _____ Middle Name _____
Last Name _____

Business Address

Send correspondence to: Business Home

Organization Name _____ Job Title _____
Street Address _____ Mailing Address (if different) _____
City _____ Province _____ Postal Code _____
Telephone _____ Extension _____
Cellular _____ Business Email _____

Home Address

Street Address _____ Mailing Address (if different) _____
City _____ Province _____ Postal Code _____
Telephone _____ Cellular _____
Home Email _____

Education Information, if applicable

I have education to claim: Yes No

If applicable, list degrees/diplomas obtained starting with the most recent. Transcripts must be sent directly from the issuing academic institution to BCIA.

Institution Name _____ Year Graduated _____
Program Name _____ Credential Awarded _____

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Program Name _____ Credential Awarded _____

Memberships

Are you a member of another professional organization? Yes No

If yes, please specify: _____

Certifications

- I hereby declare that the information provided in the application package is complete and accurate
- I agree to abide to the [Code of Ethics](#) of the BC Institute of Agrologists
- I authorize BCIA to use the information included in this application for BCIA purposes only, as outlined below

Collection & Disclosure: BCIA collects, uses, discloses, protects, and retains accurate personal information only in compliance with the provisions of the Professional Governance Act (PGA) and the British Columbia Freedom of Information and Protection of Privacy Act. BCIA collects the personal information on this application form pursuant to section 26(a) &(c) and 27(e) of the Freedom of Information and Protection of Privacy Act. The information provided in this application form will be used only for the purposes of obtaining and evaluating information required by BCIA to assess your application for registration in BCIA. Should you have any questions concerning your personal information, please contact the Registrar of BCIA at jp.ellson@bcia.com. You may withdraw or amend your consent at any time by notifying jp.ellson@bcia.com otherwise this consent is considered valid for the duration of your registration in BCIA. Consequently, should this initial application for registration be accepted, BCIA may continue to collect information from and about me but only for the purpose of assessing my continued registration in BCIA.

- I understand that I must provide an employer (work) name and contact which will be published in the Registrant Directory online and viewable to the public, as directed by the Office of the Superintendent of Professional Governance.

Dated: _____ Signature of Applicant: _____

Application and Annual Fee Payments

Your application package must include two separate payments, one for the application fee and the second for the annual fee once accepted.

Payment Options

I will pay by credit card (Visa or Mastercard only)

I will mail 2 cheques

Cheque #1 for the application fee. Cheque #2 for the annual fee. BCIA will not process your application until of the two cheques have been received.

Application

LLAg Application Fee: \$275.00

Your application fee covers the processing of your application and is non-refundable.

Annual Fee

I authorize BCIA to process the annual fee (\$600.00) upon acceptance of my application

This payment will be processed on your behalf using the payment information in our secure payment system

For security, please call the BCIA office at 1-877-855-9291 to provide credit card details over the phone.

Internal Use Only:

Name on Card _____

Credit Card # _____

Expiry _____ CVS _____

Name of Applicant _____

If mailing two cheques, send them to:

BC Institute of Agrologists (BCIA)

110-2800 Bryn Maur Road

Victoria, BC V9B 3T4