

# COURSE EQUIVALENCY APPLICATION FORM – COR COURSES



PLEASE PRINT CLEARLY

## SECTION A

NAME:	COMPANY:	
MAILING ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TELEPHONE:	EMAIL ADDRESS:	

## SECTION B

COURSE(S) FOR WHILE YOU ARE APPLYING FOR EQUIVALENCY:

**The following must accompany this Equivalency Form:**

- Copy of the course certificate and/or training records
- Processing fee payment of \$100.00 +gst (per equivalency request). Payment must be received before a Certificate is issued.

**Methods of payment: Debit/Cash (at any AMTA Office), and Credit Card.**

Credit Card Number:

Expiry Date:

Card Holder Name:

Signature:

Submit completed form and required documentation to:

Sarina Rai– Course Coordinator  
Alberta Motor Transport Association

E-Mail: [training@amta.ca](mailto:training@amta.ca)

Phone: (780) 395-6140

Fax: (780) 448-0744



Partnerships  
IN INJURY REDUCTION