

**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 (Documents must be emailed to [training@amta.ca](mailto:training@amta.ca) with this form):

Application/Resume  
Professional References  
Letter of Experience  
Certified Transportation Safety Coordinator, High School Diploma, jurisdictionally recognized equivalency (GED), or Post-Secondary level Certificate or Diploma

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

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

**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:**

Program Administrator  
Alberta Motor Transport Association  
3599 56 Ave East  
Edmonton International Airport, AB T9E0V4  
E-Mail: [training@amta.ca](mailto:training@amta.ca)  
Phone: (780) 395-6140 Fax: (780) 448-7456

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

