Alberta Motor Transport Association



1, 285005 Wrangler Way, Rocky View, AB, T1X 0K3 3599 – 56 Avenue East, Edmonton International Airport, AB, T9E 0V4 T: 1.800.267.1003

W: amta.ca

Thank you for your interest in becoming certified as a Consultant Auditor for the Alberta Motor Transport Association.

Consultant Auditors play a critical role in the success of the Certificate of Recognition (COR) program by completing certification and re-certification audits on employers that desire to maintain an active COR.

In submitting this signed form, you are providing consent for AMTA to solicit auditor history and references from the Certifying Partner group.

Auditor history means – AMTA will request confirmation on whether you have been certified to audit on their behalf at any time in the previous 5 years.

Auditor reference means – AMTA will request confirmation that your auditor certification has not been suspended or revoked due to violations of the Auditor Code of Ethics or Conflict of Interest terms at that Certifying Partner.

Only applications which meet the above criteria will be processed. Should there be any issues which could disqualify your application, you will be offered an opportunity to describe the facts involved and the corrective actions taken to remedy the penalty before a final decision regarding the application is made.

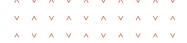
AMTA is committed to ensuring the highest level of auditor quality and professionalism. Please accept our sincere gratitude for choosing to be a part of our momentum.

Auditor Declaration

I hereby provide my consent for AMTA to solicit auditor history and references, as defined above, in consideration of my application to Consultant Auditor status with the AMTA. I understand the conditions under which my application may be denied and agree to hold AMTA harmless in their decision to accept or deny my application based on the terms of AMTA's Certified Auditor Program.

Applicant Name	Witness Signature	
		Date of Signing
Applicant Signature	Witness Name	

Submit completed form to irt@amta.ca



Auditor History and Reference Check Worksheet

To be completed by AMTA

Certifying Partner	5 Year	Good	Suspended	Revoked	Date of
	History	Standing			Contact

This auditor application has been (check one) Accepted for consideration Denied based on auditor history or refences provided	
Auditor Applicant must be contact with the results of this holds business days of completion.	nistory and reference check within 5
Date Auditor Contacted: AMTA Employee Name:	