



PLEASE PRINT CLEARLY

Y: PROVINCE: POSTAL CODE: LEPHONE: EMAIL ADDRESS: ion B		CO	COMPANY:	
LEPHONE: EMAIL ADDRESS: tion B JRSE(S) YOU WISH TO BE GRANTED THIRD-PARTY COURSE TRANSFER CREDIT FOR The following must accompany this Equivalency Form: Copy of the course certificate and/or training records Processing fee payment of \$100.00 +GST (per transfer request) Payment must be received before Certificate is issued Methods of payment: Debit/Cash (at any AMTA Office), and Credit Card. Credit Card Number: Expiry Date:	MAILING ADDRESS:			
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Submit completed form and required documentation to:

Course Administrator Alberta Motor Transport Association 3599 56 Ave East

Edmonton International Airport, AB T9E0V4

E-Mail: <u>irt@amta.ca</u> Phone: (780) 395-6140 Fax: (780) 448-0