



The Voice Of Independent Canadian Laboratories  
La voix des laboratoires indépendants canadiens

### MEMBERSHIP APPLICATION

Corporate Member

Associate Member

#### CORPORATE PROFILE

1. Name of Firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
2. The firm is a  sole proprietorship  partnership  corporation  
Date of commencement of operations \_\_\_\_\_
3. Percentage of firm held by other corporations, partnerships or non-employee individuals: \_\_\_\_\_%  
**(If 50% or more, please provide details in cover letter)**
4. Does the firm or its principals hold a majority interest in any other consulting, inspection or testing firm?  Yes  No **(If yes, please provide details in cover letter).**
5. Is 25 % or more of your business for clients with a financial or other vested interest in your firm?  Yes  No **(If yes, please provide details in cover letter).**
6. Indicate whether the firm or its principals are associated with any of the following institutions or firms  
 Academic  Government  Industry  Manufacturing  Other CCIL member Firm  
 Other non-Member Consulting, Testing and Inspection Firms  
 Trade Group  
**(Check where applicable and provide pertinent details of affiliation in cover letter)**
7. List executive officers and full-time professionals **(please attach C.V.)**

Name

Title

Degree

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Are the executive officers listed above engaged full-time in the operations of the firm [ ] Yes [ ] No

If not, what proportion of their time do executive officers spend on operations of the firm?

Officer	% time

8. List branch laboratories and/or offices:

Name of Firm (Branch) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Firm (Branch) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Firm (Branch) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

9. Is each branch owned in full by the same owners as the primary operation? [ ] Yes [ ] No (If no please explain in cover letter)

Is any branch operated as a separate corporate entity? [ ] Yes [ ] No (If yes please explain in Cover letter)

10. Number of employees based on monthly payroll average for the 12 months prior to this application (including all part-time, full-time, temporary and permanent professional, technical, administrative and clerical staff) \_\_\_\_\_

11. List professional memberships, affiliations, qualifications, certifications and/or accreditations held by firm or staff members.

\_\_\_\_\_

**FACILITIES**

12. Head office Location: size in m<sup>2</sup> of office space \_\_\_\_\_; laboratory \_\_\_\_\_; storage; \_\_\_\_\_ other \_\_\_\_\_  
Branch location(s):



\_\_\_\_\_ size in m<sup>2</sup> of office space \_\_\_\_\_; laboratory \_\_\_\_\_; storage; \_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ size in m<sup>2</sup> of office space \_\_\_\_\_; laboratory \_\_\_\_\_; storage; \_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ size in m<sup>2</sup> of office space \_\_\_\_\_; laboratory \_\_\_\_\_; storage; \_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ size in m<sup>2</sup> of office space \_\_\_\_\_; laboratory \_\_\_\_\_; storage; \_\_\_\_\_ other \_\_\_\_\_

**SCOPE OF SERVICES**

13. Describe briefly the consulting, testing and inspection services offered by your firm.

\_\_\_\_\_  
\_\_\_\_\_

What proportion of your business volume is represented by these services [ ] 100% [ ] Less than 100%

If less than 100%, what other services do your firm provide

\_\_\_\_\_  
\_\_\_\_\_

What proportion of your business volume do these other services represent? \_\_\_\_\_%

What proportion of your business do field and laboratory testing represent? \_\_\_\_\_%

Does your firm have the necessary equipment to provide all these services? [ ] Yes [ ] No

What percentage of your work is subcontracted? \_\_\_\_\_%

**REFERENCES**

14. List one CCIL member sponsor **or** three client references who may be contacted by CCIL.

Company City Contact Person Tel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIVISION**

15. Indicate only one primary and any additional divisions under which you wish to be included.

	Primary	Additional
Geotechnical & Construction Materials	{ }	{ }
Environmental/Life Sciences	{ }	{ }
Conformity Assessment	{ }	{ }



**REGION**

16. Please indicate the region(s) under which you wish to be included:

	Head Office	Branches
Western (B.C., Alberta, Saskatchewan, Manitoba)	{        }	{        }
Central (Ontario, Quebec)	{        }	{        }
Eastern (N.B., N.S., P.E.I., Nfld.)	{        }	{        }

**DELEGATES**

17. List company representatives delegated to attend meetings and eligible to hold office:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

I have read the Summary of Conditions of CCIL Membership and the Schedule of Dues and agree that the information given in this application is true and correct as of the date of application; that the applicant firm will adhere to all the requirements of the Summary of Conditions of CCIL Membership; and that the applicant firm will accept the decision of the Board of Directors with respect to this application

Name of authorized Officer \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dues for the full year are to be submitted with membership application together with the required administration fee (see attached Schedule of Dues). Adjustment will be made on the following year's dues depending on the number of months between start of membership and end of CCIL fiscal year.

Cheque covering annual dues + **applicable GST** in the amount of \$ \_\_\_\_\_ is enclosed.

Include the following with completed membership application:

- Cover letter, as required                       Curricula Vitae                                       Brochures
- Cheque     Separate sheets as required

**MAIL TO:**

**CANADIAN COUNCIL OF INDEPENDENT LABORATORIES**  
P.O. Box 41027  
Ottawa, Ontario K1G 5K9

**FOR OFFICE USE ONLY**

**VERIFIED BY:** \_\_\_\_\_

**REFERENCES CHECKED BY:** \_\_\_\_\_

**DATE :** \_\_\_\_\_ **BY:** \_\_\_\_\_

**APPROVED ON:** \_\_\_\_\_ **COMPANY NOTIFIED ON:** \_\_\_\_\_