

## Qualifying Examination Registration Application Checklist

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|  | <b>Qualifying Examination Registration Application Form (required)</b>  |
|  | <b>Qualifying Examination Payment Authorization Form (required)</b>   |
|  | <b>Training Supervisor Attestation (required)</b><br>Confirmation of completion of the 24-month training requirements. Details regarding the contents of the attestation letter can be found in the Eligibility Declarations section of the Qualifying Examination Registration Application Form. Letters must be sent directly from the supervisor to CPATA with the applicant's name included, via email, to <a href="mailto:registration-inscription@cpata-cabamc.ca">registration-inscription@cpata-cabamc.ca</a> |
|  | <b>Accommodation Request Form (if applicable)</b>   |

## 2022 Qualifying Examination Registration Application Form

### Instructions:

Please complete this form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email, along with all required supporting documentation, to the Director of Registration at [registration-inscription@cpata-cabamc.ca](mailto:registration-inscription@cpata-cabamc.ca). Details of the application process and required documentation can be found at: <https://cpata-cabamc.ca/en/become-an-agent/exam-information/>

### Section 1: Personal Information

#### Current Legal Name

First Name:

Middle Name:

Last Name:

### Section 2: Contact Information

#### Business Address

Company Name:

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Business Email Address:

Business Phone:

Extension:

#### Home Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Personal Email Address:

Preferred Phone:

### Section 3: Language Preference

In which official language would you prefer to write the examination?

English

French

## Section 4: Eligibility Declarations

Please establish your eligibility to attempt the Qualifying Examinations by making the following declarations:

I declare that I meet the eligibility requirements specified by the Registration By-laws which include completion of the 24-month training requirement.

I am providing a letter of attestation signed by a Class 1 Licensee or approved representative from the Canadian Intellectual Property Office who is familiar with my work that clearly describes:

- the firm or office of the training supervisor with whom I undertook training;
- the names of training supervisors who were most responsible for supervision of my work
- the training dates;
- the nature of the work done by me during my training (e.g., preparing, filing and prosecuting applications, interviewing, research);
- the nature of the arrangement with the training supervisor or their office or firm (e.g., full time, part time etc.); and
- confirmation that, in the opinion of the training supervisor, the training has prepared me for writing the Qualifying Examinations.

## Section 5: Fees

The fee to register for each Part or Paper of the Qualifying Examinations is \$350 plus applicable taxes.

### Trademark Agent Qualifying Examination:

All writers must register for each Part of the examination. Therefore, the total fees will be \$700 plus applicable taxes. Please complete the attached payment authorization form and submit it with your application.

### Patent Agent Qualifying Examination:

*New writers* must register for all four (4) Papers (A, B, C, and D) of the examination. Therefore, the total fees will be \$1400 plus applicable taxes.

*Previous writers* must register for the Papers in which they were previously unsuccessful. Therefore, the total fees will be \$350 times the number of Papers plus applicable taxes. Please indicate which Papers you are registering for:

| Paper A  | Paper B | Paper C | Paper D |
|--|---------|---------|---------|
| Please indicate if you are a new writer for either exam: |         | Yes     | No      |

## Section 6: Accommodations

Please indicate if you will be requesting accommodations for the Qualifying Examination.

I may request an accommodation and will provide my Accommodation Request Form and supporting documentation by no later than the deadline set by CPATA.

I will not be requesting accommodations.

## Section 7: Consent to Release Results to Training Supervisor or Training Firm/Office Representative

### Representative

Please indicate if you consent to CPATA releasing the results of the 2022 Qualifying Examination, which include the score and overall result, to your training supervisor and/or training firm/office representative, upon their request. You may withdraw or withhold consent, provide consent at a later date, or provide your own results to your training supervisor and/or firm/office representative.

Upon receiving a request, I consent for CPATA to release my name and my 2022 examination results to:

My Training Supervisor

(Name)

(Email Address)

My Firm/Office Representative

(Name)

(Email Address)

Upon receiving a request, I do not consent for CPATA to release my name and my 2022 examination results to my training supervisor or my firm/office representative.

## Section 8: Signature

Signature

Date

*Any information with respect to this application will be collected, used or disclosed in accordance with the CPATA's Privacy Statement.*

## Qualifying Examination Payment Authorization Form

### Instructions:

Please complete this form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email, along with all required supporting documentation, to the Director of Registration at [registration-inscription@cpata-cabamc.ca](mailto:registration-inscription@cpata-cabamc.ca).

### Section 1: Candidate Information

#### Current Legal Name

First Name:

Middle Name:

Last Name:

### Section 2: Fees

Please check all that apply:

Trademark Agent Qualifying Examination: Parts A & Part B = \$700 plus applicable taxes

Patent Agent Qualifying Examination:

Paper A = \$350 plus applicable taxes

Paper B = \$350 plus applicable taxes

Paper C = \$350 plus applicable taxes

Paper D = \$350 plus applicable taxes

### Section 3: Payment Information

#### Credit Card:

Type:

Visa

Mastercard

AMEX

Card #:

Card Validation Code (CVC):

Expiry Date:

Name on Card:

Signature of Cardholder:

Authorized Amount \$ (including tax):

**Once processed this information will be deleted by CPATA**

Electronic Funds Transfer: Please email payments to: [payments-paiements@cpata-cabamc.ca](mailto:payments-paiements@cpata-cabamc.ca) and provide your name and identify which exam(s) you are registering for in the comments.

**Tax Rates:**

Please select the tax rate based on the province associated with your business address. If you do not have a business address, please select the tax rate associated with your residential address.

| Province                  | Tax Rate (%) |
|---------------------------|--------------|
| British Columbia          | 5            |
| New Brunswick             | 15           |
| Manitoba                  | 5            |
| Alberta                   | 5            |
| Newfoundland and Labrador | 15           |
| Prince Edward Island      | 15           |
| Northwest Territories     | 5            |
| Nova Scotia               | 15           |
| Nunavut                   | 5            |
| Ontario                   | 13           |
| Quebec (HST ONLY)         | 5            |
| Saskatchewan              | 5            |
| Yukon                     | 5            |