

## 2024 Knowledge Examination Registration Application Checklist

	<b>Knowledge Examination Registration Application Form (required)</b>
	<b>Knowledge Examination Payment Authorization Form (required)</b>
	<b>Training Supervisor Attestation (required, if not previously provided)</b> 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><u><a href="#">Accommodation Request Form</a></u> (if applicable)</b>

## 2024 Knowledge 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 Knowledge Examinations by making the following declarations:

I declare that I meet the eligibility requirements specified by the By-laws and Registrar's Policy on Approved Training Programs, which includes completion of the 24-month training requirement.

I am providing a letter of attestation signed by the approved Training Supervisor 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 Knowledge Examination is \$350 plus applicable taxes. Please indicate which examination(s) you are registering for:

Trademark Knowledge Examination - \$350 plus applicable taxes

Patent Knowledge Examination - \$350 plus applicable taxes

#### Section 6: Accommodations

Please indicate if you will be requesting accommodations for the Knowledge 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

I consent for CPATA to release my name and my 2024 Knowledge Examination results to:

My Training Supervisor

(Name)

(Email Address)

My Firm/Office Representative

(Name)

(Email Address)

I do not consent for CPATA to release my name and my 2024 Knowledge 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.*

## Knowledge 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 Knowledge Examination: \$350 plus applicable taxes

Patent Knowledge Examination: \$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. **Do not send your exam registration form to that email address.**

### 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