

Knowledge Examination Registration Application Checklist

	Knowledge Examination Registration Application Form (required)
	Knowledge Examination Payment Authorization Form (required)
	Training Supervisor Attestation (required, if not previously provided) 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 Knowledge Examination Registration Application Form. Letters must be sent directly from the supervisor to CPATA with the applicant's name included, via email, to registration-inscription@cpata-cabamc.ca
	<u>Accommodation Request Form</u> (if applicable)

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.

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: Exam Dates

I want to register for the:

Patent Knowledge Exam	Winter	Spring
Trademark Knowledge Exam	Winter	Spring

Please note: trainees can only register for the next available sitting of the knowledge examination and cannot register for multiple administrations of the same exam (i.e. winter and spring).

Section 6: Fees

The fee to register for each Knowledge Examination is \$357 plus applicable taxes. Please indicate which examination(s) you are registering for:

Trademark Knowledge Examination – \$357 plus applicable taxes

Patent Knowledge Examination – \$357 plus applicable taxes

Section 7: 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 8: Consent to Release Results to Training Supervisor or Training Firm/Office Representative

I consent for CPATA to release my name and my 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 Knowledge Examination results to my training supervisor or my firm/office representative.

Section 9: 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.

Section 1: Candidate Information

Current Legal Name

First Name: _____ Middle Name: _____ Last Name: _____

Section 2: Fees

Please check all that apply:

Trademark Knowledge Examination: \$357 plus applicable taxes

Patent Knowledge Examination: \$357 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 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