Knowledge Examination Registration Application Checklist

☐	**Knowledge Examination Registration Application Form (required)**
☐	**Training Supervisor Attestation (required, if not previously provided)** Confirmation of completion of a minimum of 12 months of the 24-month training requirement must be submitted using the Training Supervisor Attestation Form. The completed attestation form(s) must be sent directly from the supervisor to CPATA via email, to registration-inscription@cpata-cabamc.ca
☐	**Accommodation Request Form (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

French speaking proctor request:

I would like to request a French speaking proctor for the ☐ live proctor check-in ☐ the exam(s)

For French speaking proctor requests **only** : Date and time requested for the check-in (must be the same week as the scheduled live proctor check-in):

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 a minimum of 12 months of the 24-month training requirement.

☐ My training supervisor will submit the attestation form to establish my eligibility for the exam.

Section 5: Exam Registrations

I want to register for the:

☐ Trademark Knowledge Examination

☐ Patent Knowledge Examination

Section 6: Fees

Registration fees for the Winter 2027 Knowledge Examinations will be invoiced in January 2027 through the candidates' portal. The 2027 fees will be published in late 2026. Please indicate which examination(s) you are registering for:

☐ Trademark Knowledge Examination

☐ Patent Knowledge Examination

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

Please check all that apply and provide the name and contact information, as applicable.

☐ I consent for CPATA to release my name and my Knowledge Examination result to:

My Training Supervisor _____
(Supervisor Name)

_____
(Supervisor Email Address)

My Firm/Office Representative _____
(Representative Name)

_____
(Representative 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.