

CNPE: F/AA INFORMATION

Date you wish to write the CNPE: F/AA:			Language for Examination:	
Day:	Month:	Year:	<input type="checkbox"/> English	<input type="checkbox"/> French

Location:	<input type="checkbox"/> Yellowknife, NT	<input type="checkbox"/> Other (specify):
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Have you previously written the CNPE: F/AA?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete the following:	
Date(s):	Location(s):
_____	_____
_____	_____

I certify that the information I have provided on this form is true and acknowledge that my application for the CNPE: F/AA writing may be denied if I have provided any inaccurate information.

Print Name: _____

Signature: _____ **Date:** _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM:

- ✓ **RNANT/NU CNPE: F/AA Payment Authorization Form**
- ✓ **Copy of valid Government-issued (Federal/Territorial) photo ID (must include signature)**