



College of Applied Biology / Society of Biology Mutual Recognition Agreement Authorization Form

The following information must be provided in order to apply for Chartered Biologist status under the Mutual Recognition Agreement between the College of Applied Biology (CAB) and the Society of Biology (SB).

APPLICANT

Name: _____

Address: _____

CAB Membership Number: _____

College Entry via TILMA: Yes No

In order to proceed with this application, the SB must obtain certain information from the CAB. By submitting this form to the CAB, you confirm that the CAB Registrar may release this information to the Registrar of the SB.

I hereby give permission for the CAB Registrar to release the information requested by the SB register.

Signed: _____ Date: _____

Applicant: mail CAB/SB MRA Authorization Form to:
Registrar, College of Applied Biology
#205-733 Johnson Street
Victoria, B.C., Canada, V8W 3C7.

CAB REGISTRAR:

I hereby confirm that: _____
(RPBio Full Name)

Is a RPBio in good standing with the CAB Yes No

Is not presently the subject of a discipline action/enquiry Yes No

In the event the answer to any of the above questions is No, please provide additional information as appropriate on a separate sheet.

Signed: _____ Date: _____
CAB Registrar

CAB Registrar: please place this form in a sealed envelope and forward to:
Society of Biology
Charles Darwin House, 12 Roger Street,
London, WC1N 2JU.