



Letter of Standing Request

Date: _____ Registration #: _____

Name: _____ Email Address: _____

Mailing Address: _____

Address of Regulatory Body: _____

Email of Registrar of Regulatory Body: _____

Cost: \$50

Method of Payment:

Visa Card #: _____ Expires: _____

MasterCard Credit Card Authorization Signature: _____

Money Order

For Office Use only: (Code 4151)

Date received: _____

Date completed: _____

Completed by: _____

301-9426 51 Avenue NW, Edmonton, AB, T6E 5A6

Phone: 780-435-5452 or 1-800-265-9351

Fax: 780-437-1442 Email acmlt@acmlt.org