

# Association of Municipal Tax Collectors of Ontario

Application for

Certified Municipal Tax  
Professional Designation

Application Form:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mandatory**

**Requirements:**

Membership No. \_\_\_\_\_  
Member Since: \_\_\_\_\_

Date of Successful \_\_\_\_\_  
MTAP Completion:

**Category 1: Education**

List academic achievements as outlined in the Accreditation Guidelines and attach all required supporting documentation (Please attach additional page(s) if required)

Academic

Achievements (continued)

**Category 2: Experience and Responsibility**

(Please refer to the Guideline for specific requirement details)

Section 1: Duration of Employment

Current Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date:

\_\_\_\_\_

Previous Qualifying Employer

\_\_\_\_\_  
Position: \_\_\_\_\_  
\_\_\_\_\_

Start Date:

\_\_\_\_\_  
End Date: \_\_\_\_\_  
\_\_\_\_\_

Previous Qualifying Employer:

\_\_\_\_\_  
Position: \_\_\_\_\_  
\_\_\_\_\_

Start Date

\_\_\_\_\_  
End Date: \_\_\_\_\_  
\_\_\_\_\_

Section 2: Complexity and Responsibility

Position:

Start Date:

End Date:

Position Reports to:

# of Reports (direct and indirect)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Note: Titled Organization Chart for current position is required.**

Section 3: Duties and Authority of Current Position

Please answer the following questions:

(2.5 points for each yes – minimum requirement 5 points maximum attainable - 25 points)	Yes	No
Do you prepare reports to Council? If yes, supply a copy showing signature(s). If signed by staff other than author, please provide substantiation.		
Are you required to attend and speak at Council meetings? If yes, please provide substantiation.		
Are you required to address ratepayer/client groups? If yes, please provide substantiation.		
Do you have the authority to negotiate payment arrangements, extension agreements or settlements? If yes, please provide substantiation.		
Do you conduct or administer property tax sales? If yes, please provide substantiation (e.g. delegating by-law).		
Do you attend Assessment Review Board Hearings or related Court proceedings as a representative? If yes, please provide substantiation.		
Do you have a by-law delegating specific responsibilities to you? If yes, please provide copy.		
Do you have the authority to hire, discipline and/or terminate staff? If yes, please provide documentation.		
Do you have signing authority for refunds and/or purchases? For what amount _____? If yes, please provide copy of authority (e.g. purchasing policy)		
Do you have responsibility for a departmental budget? What is the net amount _____? If yes, please provide substantiation.		

**Category 3: Participation**

(Refer to Guideline for point structure)

AMTCO Event Attended	Where	Date

<b>Other Contributions: (provide details and supporting documentation)</b>		
<b>Description:</b>		<b>Date:</b>
<b>Community Involvement/Corporate Citizenship</b>		
<b>Description</b>		<b>Date</b>

I certify the information contained in this application is true and accurate, and acknowledge that the Association of Municipal Tax Collectors of Ontario has the right to verify the information contained herein.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_