

Isabel Williamson Certificate Program – Application



Congratulations on completing the Isabel Williamson Certificate Program! In order to receive your certificate, please complete this form and submit it to:

Chair, Observing Committee
 Royal Astronomical Society of Canada 155 Devon Dr
 Okanagan Falls BC V0H 1R5
 Note: **The IWLOP Deluxe Observing Forms must be used and submitted.**

<p>Affidavit:</p> <p>I, _____ do attest to the following:</p> <ol style="list-style-type: none"> 1. I have observed all 140 required objectives as defined in the Isabel Williamson Lunar Program booklet or PDF file. This includes the 5 Introductory objectives and the 135 objectives in the main list. 2. I have located each of the objects, including all the ® observations, without assistance from other observers. 3. I am familiar with and have made the observations in accordance with the requirements and I am eligible for receipt of the certificate. <p>As evidence of the above, I am submitting either:</p> <ol style="list-style-type: none"> 1. a declaration signed by two witnesses; or 2. a logbook or record of observations which indicates the date and time of each observation of all 140 required objectives, and the instrument used for each observation. <p>Applicant's Signature: _____ Date: _____</p> <p>Address: _____</p> <p>Email: _____</p>	<p>Authentication:</p> <p>We declare that _____ has qualified for the <i>RASC Isabel Williamson Certificate</i> based on our review of observation records and logs provided as well as our personal knowledge of the applicant.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Signature of Witness One</td> <td style="border: none;">Signature of Witness Two</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Print Name</td> <td style="border: none;">Print Name</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Date</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">RASC Centre</td> <td style="border: none;">RASC Centre</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Address</td> <td style="border: none;">Address</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Email</td> <td style="border: none;">Email</td> </tr> </table>	_____	_____	Signature of Witness One	Signature of Witness Two	_____	_____	Print Name	Print Name	_____	_____	Date	Date	_____	_____	RASC Centre	RASC Centre	_____	_____	Address	Address	_____	_____	Email	Email
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