



Phone (204) 474-2736  
FAX (204) 474-5960

**APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

**In accordance with Section 16 of The Engineering and Geoscientific Professions Act**

Name of Organization \_\_\_\_\_

Mailing Address (Head Office) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

The above named organization hereby applies to APEGM for a Certificate of Authorization to provide professional services in:

- Engineering**
- Geoscience**

**1. Category of Certificate:**

This application is for a certificate as:

- a Practising Entity
- a Sole Practitioner Entity

**2. Description of Company's or Organization's principal activities:**

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

**3. Declaration by Chief Operating Officer or Authorized Designate**

I, \_\_\_\_\_ occupy the position of \_\_\_\_\_ within the applicant's organization and declare that:

- a) in my position I have the authority required under subsection 16 (2) (b) (iii) of The Engineering and Geoscientific Professions Act , and undertake to maintain an organization in which the practice of the professions indicated above can be conducted in accordance with requirements set out in the Act and the Association's By-laws; and
- b) the areas of practice listed in part 4 below include all of the aspects of the practice of the professions for which authority is requested under this application.

I further undertake that this organization will:

- a) notify the Registrar in writing forthwith if the professional members or licensees of APEGM who have assumed responsibility for the professional practice under subsection 16 (2) (b) (ii) of the Act cease to be full time employees or partners of the above applicant;
- b) surrender Certificate of Authorization stamps and certificates to the Registrar in circumstances where there are not members or licensees of APEGM assuming responsibility for the professional practice of the above applicant.
- c) report, in accordance with the By-laws any changes in:
  - i. the name or authority of the Chief Operating Officer, or designate, taking corporate responsibility under this application for the above named organization; and
  - ii. the names or authority of the APEGM members or licensees assuming responsibility for direction and supervision of that portion of the applicant's professional practice performed by the organizational units described in Part 4 below.
- d) notify the registrar in writing within 15 days of the receipt of any notice of amendment to, or cancellation of, the policy of insurance issued under the certificate of insurance provided below.
- e) in accordance with sub-section 16(2)(d) of the Act, abide by the Code of Ethics for the Practice of Professional Engineering and Professional Geoscience.

Signature of COO: \_\_\_\_\_ Date: \_\_\_\_\_

The following items *must* be included with the completed application form:

- a) a current **certificate of insurance** certifying that the organization is covered by a contract of professional liability insurance which is in conformance with the prescribed terms and conditions
- b) the amount of the **deductible** for the professional liability insurance policy \*if the deductible is not stated on the certificate of insurance please enter the amount here: \_\_\_\_\_
- c) **evidence of the legal status** of the partnership, corporation or entity; and
- d) a **list of the addresses** of any office, other than the head office, in which the practice of professional engineering and/or professional geoscience in Manitoba will be carried out (if applicable)

**Enclosed is a cheque made payable to APEGM, or an authorization for payment by credit card:**

- \$173.00 Sole Practitioner Entity
- \$346.00 Practising Entity

**VISA / MasterCard / American Express**

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Full name on card: \_\_\_\_\_ Validation Code \_\_\_\_\_  
(Back of credit card)

Signature of cardholder: \_\_\_\_\_

=====

**For Office Use Only**

Licensee expiry date(s) \_\_\_\_\_

Liability insurance expiry date \_\_\_\_\_

Approved

\_\_\_\_\_  
Registrar

Certificate No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**4. Declaration by Member(s) or Licensee(s) Assuming Responsibility for the Professional Practice**

I, the undersigned, am a professional member registered with APEGM, or a licensee of APEGM, and as a full-time employee or partner of the entity undertake, in accordance with subsection 16 (2) (b) (ii) of the Act, to provide responsible direction to and personal supervision of that portion of the applicant's professional practice performed by the organizational unit described below.

I further undertake to notify the Registrar of APEGM in writing, and in accordance with the By-laws, if I cease to accept the responsibility indicated below and advise as to the reasons for relinquishing that responsibility.

Name:	_____
Member Number	_____
Designation (P. Eng. / P. Geo.)	_____
Area of Practice / Organizational Unit	_____ _____
Signature	_____

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Member Number	_____
Designation (P. Eng. / P. Geo.)	_____
Area of Practice / Organizational Unit	_____ _____
Signature	_____

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Signature	_____