



**RESPONSIBLE MEMBER DECLARATION**

*by Members or Licensees Assuming Responsibility for the Professional Practice of Existing Permit Holder*

Permit Holder: \_\_\_\_\_ (Permit No.) \_\_\_\_\_  
(Company Name)

I, the undersigned, am a professional member or licensee of APEGGA and as a full time employee or member\* of the firm undertake to provide responsible direction and personal supervision to that portion of the applicant's professional practice performed by the organizational unit described below.

I have read the relevant sections of The Engineering, Geological and Geophysical Professions Act and the Regulations reproduced on the reverse side hereof and I agree to conduct the professional practice for which I have assumed responsibility in strict accordance with the requirements of relevant legislation and regulations.

I understand that to be eligible to assume this responsibility that I must declare myself to be Practicing for the purposes of APEGGA's Continuing Professional Development program.

I further specifically undertake to notify the Registrar of APEGGA in writing if I cease to accept the responsibility indicated below and advise reasons for relinquishing that responsibility.

NAME AND PROFESSIONAL DESIGNATION	MEMBER #	OFFICE	ORGANIZATIONAL GROUP (Discipline or Operational)
_____	_____	_____	_____
		_____	_____
		Signature	Date
_____	_____	_____	_____
		_____	_____
		Signature	Date
_____	_____	_____	_____
		_____	_____
		Signature	Date
_____	_____	_____	_____
		_____	_____
		Signature	Date

\*Reference in the Act on a full time employee or member of the firm is interpreted to mean that the relationship between the APEGGA member and the firm is an ongoing and continuous one as distinguished from one that does not have the depth or responsibility normally associated with a full time employee relationship.