



## VOLUNTARY CANCELLATION OF PERMIT TO PRACTICE

Company Name: \_\_\_\_\_ Permit No. \_\_\_\_\_

Cancellation/Change Requested by: \_\_\_\_\_  
*(Print or type your full name and designation, if applicable)*

Position with Company:  Chief Operating Officer  Responsible Member  Both  Attorney

Permit to Practice granted for:  ALL  Engineering  Geology  Geophysics

Is cancellation/change requested for full permitted practice, or one of the professions:  
 ALL  Eng  Geol  Geoph.

### REASONS FOR CANCELLATION OR CHANGE *(Please complete applicable section(s))*

1. Company has ceased to operate *(outline reason – retirement/death/closing down operations/merger)*  
\_\_\_\_\_  
\_\_\_\_\_
2. Company purchased by/merged with another Permit Holder *(if so, please state name & permit number of new owner):*  
\_\_\_\_\_
3. If due to Retirement/Life Membership status, state if you are the sole practitioner *(acting as both Chief Operating Officer and sole Responsible Member)*. \_\_\_\_\_  
\_\_\_\_\_
4. No APEGGA Member on staff to assume role of Responsible Member for the profession(s) being practiced. Please clarify:  
\_\_\_\_\_  
\_\_\_\_\_
5. Company still active. *(Please provide detailed information regarding corporate activities.):*  
\_\_\_\_\_  
\_\_\_\_\_
6. Other *(indicate reason(s) and clarify scope of corporate activities – i.e. name change to existing corporation and change of business activities):*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Stamps and certificates enclosed:  Yes  No If no, please state reasons: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*(Signature)*

**\*NOTE:** *APEGGA requires detailed information prior to canceling or to change the status of a Permit to Practice. Simply stating that the company is “not practicing” is not sufficient.*