

For Office Use Only

Member Number:

APPLICATION FOR REGISTRATION

FOR GEOSCIENTISTS REGISTERED ELSEWHERE IN CANADA Employer Number: Please read the accompanying instructions carefully before you fill out the form. Comp Entry: Receipt Number: Amount I wish to apply for registration as a Professional Geologist Professional Geophysicist Foreign Licensee (Geology) Foreign Licensee (Geophysics)

1. PERSONAL INFORMATION

Legal Name

Mr. Ms. Dr.			
	Surname	Given Names in Full (NO Ir	nitials)
Preferred Name			
	Surname	Common Names and/or Init	iials
Home Address			
		Street	
	City	Province	Postal Code
	()		277
	Telephone	Fax	E-Mail
Business Address		St	
		Street	
	- C'	D :	D (10.1
	City	Province	Postal Code
	Telephone	Fax	E-Mail
G	Тетерноне	rax	E-IVIAII
Company Name			
D C 1 A 11			
Preferred Address	☐ Home ☐ Business	Other (attached)	
Citizanahin	Canadian Citizen	Admitted to Canada for	normanant residence in 10
Citizenship		Admitted to Canada for j	permanent residence in 19
Date of Birth		Place of Birth	
Date of Diffii	Month/Day/Year	Hace of Birtii	
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Note: The "PREFERRED ADDRESS" is the address that appears in the Membership Register on our Website.

		Name:	i			
2.	POST SECONDARY EDUCA Institution	TION Location	Dates Attended (Mo/Yr)	Date of Graduation (Mo/Yr)	Degree or Diploma (Use correct abbrev. title)	Specialization or Discipline
_	institution	Location	From	(IVIO/ 11)	abbiev. title)	Discipine
1			То			
2			From			
			To:			
3			From			
			То			
res 4. Do hov	ach a resume. For each position includ ponsibilities, communications skills reconstructed REFERENCES not provide the names of references a wever we may need to contact your rest time.	quired and an understanding	of the societal in	nplications of y	rour work.	asionally
5.	CHARACTER					
Ha	ve you ever been found guilty of, or is	there an outstanding judgen	nent against you f	or:		
a)	a) unprofessional or unskilled practice by a professional regulatory organization or agency?			Yes	☐ No	
b)	an offence under the Engineering, Geological and Geophysical Professions Act or Regulations or equivalent legislation in other jurisdictions?			Yes	☐ No	
c)) any criminal offence?				Yes	☐ No
d)	d) negligence due to unskilled practice of the professions in any civil actions made against you?				Yes	□ No
6.	KNOWLEDGE OF PROFESS	SIONAL LAW & ETHICS				

I have passed the Professional Practice Examination for the _____(Province) Association. (Act,

I will pass the National Professional Practice Examination to fulfill the registration requirements.

(Province) Association there was no such requirement

Regulations & Bylaws Confirmation enclosed.

7.	ENGLISH LANGUAGE COMPETENCY					
	English is my native language.					
	I have previously proven that I am competent in the use of the English language by virtue of					
8.	PROFESSIONAL STATUS					
	I am / was registered in					
	I previously applied for registration with APEGGA in Year was assessed examinations and/or experience which has not been completed.					
	was previously registered as a # from to					
	am presently an MIT #					
	I previously applied for registration with and Other Province(s)/State(s)/Country(ies)					
	_					
	the application was refused/rejected.					
	my license was subsequently revoked.					
₿	I declare that all the above statements are complete and correct to the best of my knowledge and belief. I agree to file additional information if the response to any question changes between now and the date of my registration. I understand that a false statement or misrepresentation may disqualify me for registration.					
&	I grant permission to APEGGA to obtain such additional information as it may deem appropriate from such additional sources as it may deem necessary to the progression of my application.					
3	I will conform to the requirements of the Engineering, Geological and Geophysical Professions Act of the province of Alberta, the Regulations including the Code of Ethics, and the ByLaws of the Association if granted membership in APEGGA.					
&	I declare that I do not have any alcohol or drug dependency or suffer from any medical condition that renders me incapable of fulfilling the requirements of a professional engineer, geologist or geophysicist.					
Enclose	d is my cheque for \$ made payable to APEGGA or					
☐ Visa	☐ Master Card ☐ AMEX # Expiry Date:					
Date	_Signature					

Name:

REVISED FEBRUARY 2004