



**A P E G S**

Association of Professional Engineers  
& Geoscientists of Saskatchewan

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## NOTICE OF INTENT TO PROVIDE CONSULTING SERVICES

New Application \_\_\_\_\_ Revision to Field \_\_\_\_\_ Former Holder \_\_\_\_\_

Name: ..... APEGS Registration # (or application file #):.....

Name of Employer: ..... Present Position/Title:.....

Home Address..... Business Address.....

.....

.....

Home Phone: ( )..... Business Phone: ( ).....

Email Address: ..... Business Fax: ( ).....

Preferred mailing address: Home: \_\_\_\_\_ Business: \_\_\_\_\_ (If no preference indicated, home address will be used)

Describe the areas (fields) of practice in which **you** propose to offer consulting services, commencing with a major field (usually a branch or program in engineering or geoscience), then add your specialty or specialties, and the 'application' such as buildings, commercial, manufacturing:

.....  
.....  
.....

Services will be offered as:

an Unincorporated Sole Proprietor;  a Partnership;  an Association of Persons; or  a Corporation; with the name:

.....

Does the entity named above presently hold a valid Certificate of Authorization (C of A) in Saskatchewan in compliance with Section 22 of *The Engineering and Geoscience Act*?

**Yes**, it is certificate number: \_\_\_\_\_;  **No**, but an application is/will be submitted;  **No**, not required by the Act.

**NOTE:** In order to be added as an engineer or geoscientist responsible under a C of A, one of the Official Reps must notify APEGS directly in writing by mail, fax or email to [apegs@apegs.ca](mailto:apegs@apegs.ca). Contact APEGS for the name of the Official Rep if needed.

Professional development reporting (choose one of the following):

My Continuing Professional Excellence "Scope of Practice" and "Annual Activity Record" documents are attached; or

My Continuing Professional Excellence reporting is up to date with APEGS; or

I am reporting continuing professional development to another professional engineering or geoscience licensing body.

If yes, Association name: \_\_\_\_\_

I certify that the information in this application is true and complete to the best of my knowledge, and that I have not withheld any information which may have a bearing on the granting of permission to consult. I agree to provide promptly such additional information as APEGS may require in order to process my application.

Signature:..... Date:.....