



## REINSTATEMENT FORM FOR CERTIFICATE OF AUTHORIZATION

### A. MEMBER STATUS:

Reinstatement is only applicable if you were previously registered with APEGS. Please complete this form if one of the following applies to you: (Select one)

1. My Certificate of Authorization was revoked due to an absent Official Representative.  
 \*Note: Section G: Payment information is not required.
2. I resigned my Certificate of Authorization before it expired, for the current calendar year.
3. My Certificate of Authorization was approved but the prorated fees were not paid within the first 6 weeks.
4. My Certificate of Authorization was cancelled for non-payment of the Annual Fees for this current Calendar year.

### B. MEMBER NAME AND CONTACT

Certificate of Authorization holder: \_\_\_\_\_  
 (Print the Name of the Company)

APEGS ID: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signing Officer: \_\_\_\_\_  
 (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. LICENSEES**

The Engineer/ Geoscientist responsible or member responsible is the Professional members who will apply and sign the Certificate of Authorization seal on behalf of the company. The listed member is required to have an approved [Permission to Consult](#).

<u>Name</u>	<u>APEGS ID</u>
_____	_____
_____	_____
_____	_____

**D. OFFICIAL REPRESENTATIVE**

The official representative(s) is a Professional member whose duty it is to ensure that the Act and Bylaws are complied with by the Applicant as required by clause 22(4)(b) of The Engineering and Geoscience Professions Act. Each person named must sign below their name.

<u>Name</u>	<u>APEGS ID</u>
_____	_____
Signature: _____	
_____	_____
Signature: _____	
_____	_____
Signature: _____	

**E. DECLARATION – NUMBER OF PROFESSIONALS**

Certificate of Authorization (1 to 5)

Certificate of Authorization (6 or more)



**A P E G S**  
*Association of Professional Engineers  
& Geoscientists of Saskatchewan*

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**F. CERTIFICATION**

I certify that to the best of my knowledge and belief that all the information on this form is correct.  
I authorize payment of the Annual fees and 15% reinstatement fee (if required).

\_\_\_\_\_  
Official Representative's Signature

\_\_\_\_\_  
Date

**G. PAYMENT INFORMATION**

\*Note: Payment information is not required for Section A (1).

A 15% reinstatement fee will apply for a Certificate of Authorization that was cancelled due to non-payment of the Annual fees by January 31 of the current calendar year.

\*\*Payment Methods:

Pay by Credit Card:

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ (mm/yy)

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_ (back of the card)

Pay over phone:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\* We accept Visa, MasterCard, AMEX. Credit card information is destroyed after the applicable fees are processed.