



Engineers PEI is the business name of  
The Association of Professional Engineers  
of the Association of Prince Edward Island

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fax 902 . 566 . 5551  
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**APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

# \_\_\_\_\_

Name of Firm					
<small>The Name of Firm listed above must be the name of the partnership, association of persons or corporation legally responsible for work undertaken under this certificate and having a member or licensee of the association who, as principal of the association of person, partner of the partnership, director or full-time employee of the corporation is responsible for the practice of engineering and its supervision. It is expected that the name on the cheque for payment of dues and fees will correspond with the name entered above.</small>					
Business Address:					
City		Prov/State		Postal Code	
Telephone		Fax		Email:	
Website:		Has this firm held a Certificate of Authorization in the past?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Firm:	Corporation <input type="checkbox"/>	Association of Persons <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	
Field(s) of Specialization:	Civil <input type="checkbox"/>	Electrical <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Chemical <input type="checkbox"/>	Agricultural <input type="checkbox"/>
	Other (please specify) _____				

Brief description of professional services provided *(This information is available to the public)*

**Non-Resident Companies:** Current Projects in Prince Edward Island

**Officers of the Firms:**

POSITION/TITLE  
President  
Vice President


**Names in full and Disciplines of all engineers in charge of engineering being done by your firm in Prince Edward Island.**  
*(Must be registered/licensed or applying for licensure/registration with Engineers PEI) Use another page if more space is required.*

Name	Discipline	Engineer Signature

I hereby certify that all information in this application to be true and correct. **FEE ENCLOSED: \$150.00**

Name of Authorized Signing Officer: \_\_\_\_\_ Title: \_\_\_\_\_

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

Note: Any changes to the information on this application must be reported to the Registrar (in writing) within 30 days after the effective date of change.

FOR OFFICE USE: File No.	Date Received
RECOMMENDED APPROVAL: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dues and Fees Received
Council/Admissions:	LTP(s) Approved:
Date:	Certificate Sent: