



**E. Other Education Qualification**


**F. Engineering Experience (Years, Months)**

Company Name	Position	Duration

**References:** List of names and addresses of three people (**preferably Professional Engineers – 1 of whom must be a member of this Association**) who will answer enquiries as to character and engineering experience.

A)	Name		
	Address		
	Telephone:	Email	
B)	Name		
	Address		
	Telephone:	Email	
C)	Name		
	Address		
	Telephone:	Email	

I declare the statements made on this form to be true and correct to the best of my knowledge and belief. I have read and understand and agree to be governed by the Act, By-Laws and Code of Ethics of the Association of Professional Engineers of the Province of Prince Edward Island. I agree that the Association that I am transferring from may release my files to Engineers PEI.

I will immediately advise the regulatory bodies in all jurisdictions in which I practice of any disciplinary action taken against me by a regulatory body or any conviction against me for a regulatory or criminal offence

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

For more information, refer to our website: <http://www.engineerspei.com>

FOR OFFICE USE:	File No.	Date Received
RECOMMENDED APPROVAL:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Executive Director's Approval:	Date:	
Council's Endorsement:		