



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

135 Water Street
Charlottetown, PE
Canada C1A 1A8
tel 902 . 566 . 1268
fax 902 . 566 . 5551
www.EngineersPEI.com

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

For office use: # _____

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.</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

_____ _____ _____

Names in full and Disciplines of all engineers in charge of engineering being done by your firm in Prince Edward Island.
(Must be a P.Eng. 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"/>	
Executive Director's Approval:	Date:	