

# Certificate of Authorization Application

In accordance with Section 16 of *The Engineering and Geoscientific Professions Act*.

New Application     Reinstatement     Update/Change

Current Certificate of Authorization Number: \_\_\_\_\_

Legal Name of Company/Organization: \_\_\_\_\_

Operating/Trade Name of Company/Organization: \_\_\_\_\_

## Mailing Address

Unit/Suite/Apt #: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Fill out if applying for Company Amalgamation or Company Name Change.

Previous Company/Organization Name: \_\_\_\_\_

**1. The above named organization hereby applies to Engineers Geoscientists Manitoba for a Certificate of Authorization to provide professional services in:**

Engineering     Geoscience

## 2. Category of Certificate

This application is for a certificate as:

Practising Entity     Sole Practitioner Entity     Operating Entity

## 3. Describe the principal activities of the company/organization.

**4. Does the named organization hold a certificate to provide professional services with another licensing body in Canada or the United States?**

No       Yes      If yes, indicate the name of the licensing body and reference ID in the table below.

Licensing Body/Association	Reference ID#

**5. Has the named organization ever been disciplined or have any pending disciplinary action by a Canadian Engineering or Geoscience Association or a US State Licensing Board?**

No       Yes      If yes, please attach a .pdf with details explaining the discipline.

**6. Declaration by Chief Operating Officer or Authorized Designate**

I, \_\_\_\_\_ occupy the position of \_\_\_\_\_ within the applicant's company/organization and declare that:

- a. In my position I have the authority required under subsection 16(2)(b) of *The Engineering and Geoscientific Professions Act*, and undertake to maintain an organization in which the practice of the professions indicated above can be conducted in accordance with requirements set out in the Act and the Association's By-laws; and,
- b. The areas of practice listed in part 3 include all of the aspects of the practice of the professions for which authority is requested under this application.

I further undertake that this organization will:

- a. Notify the Registrar in writing forthwith if the professional members or licensees of the Association who have assumed responsibility for the professional practice under subsection 16(4) of the Act cease to be full-time employees or partners of the above applicant;
- b. Surrender Certificate of Authorization stamps and certificates to the Registrar in circumstances where there are not members or licensees assuming responsibility for the professional practice of the above applicant.
- c. Report, in accordance with the By-laws any changes in:
  - i. The name or authority of the Chief Operating Officer, or designate, taking corporate responsibility under this application for the above named organization; and,
  - ii. The names or authority of the Association members or licensees assuming responsibility for direction and supervision of that portion of the applicant's professional practice performed by the organizational units described in Part 3.
- d. Notify the Registrar in writing within 15 days of the receipt of any notice of amendment to, or cancellation of, the policy of insurance issued under the certificate of insurance provided below.
- e. In accordance with sub-section 16(2)(d) of the Act. abide by the Code of Ethics for the Practice of Professional Engineering and Professional Geoscience.

Signature of COO/Authorized Designate: \_\_\_\_\_ Date: \_\_\_\_\_

Email of COO/Authorized Designate: \_\_\_\_\_

## 7. Declaration by Member(s) or Licensee(s) Assuming Responsibility for the Professional Practice

I, the undersigned, am a professional member registered with the Association, or a licensee of the Association and as a full-time employee or partner of the entity undertake, in accordance with subsection 16(1)(b) of the Act, to provide responsible direction to and personal supervision of that portion of the applicant's professional practice performed by the organizational unit described below.

I further undertake to notify the Registrar in writing, and in accordance with the By-laws, if I cease to accept the responsibility indicated below and advise as to the reason for relinquishing that responsibility.

Name: _____	Designation: <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo. <input type="checkbox"/> Eng.L. <input type="checkbox"/> Geo.L.
<input type="checkbox"/> Already Registered ID Number: _____	<input type="checkbox"/> Application for Admission Submitted
Area of Practice/Organizational Unit: _____	
Signature: _____	

Name: _____	Designation: <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo. <input type="checkbox"/> Eng.L. <input type="checkbox"/> Geo.L.
<input type="checkbox"/> Already Registered ID Number: _____	<input type="checkbox"/> Application for Admission Submitted
Area of Practice/Organizational Unit: _____	
Signature: _____	

Name: _____	Designation: <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo. <input type="checkbox"/> Eng.L. <input type="checkbox"/> Geo.L.
<input type="checkbox"/> Already Registered ID Number: _____	<input type="checkbox"/> Application for Admission Submitted
Area of Practice/Organizational Unit: _____	
Signature: _____	

## 8. Required Documents

Submit the following documents with your application.

Check each box once you add the required documents to your application package. All documents must be included with the application.

- A copy of the current certificate of insurance certifying that the organization is covered by a contract of professional liability insurance which is in conformance with the prescribed terms and conditions.
- The amount of the deductible for the professional liability insurance policy is stated on the certificate of insurance.  
\*If the deductible is not stated on the certificate of insurance, please enter the amount here: \_\_\_\_\_
- A copy of the evidence of the legal status of the partnership, corporation or entity  
\*If the partnership, corporation or entity is registered outside of Canada, please additionally provide proof of registration from the Manitoba Companies Office.
- A list of the addresses of any office in which the practice of professional engineering and/or professional geoscience in Manitoba will be carried out (*if applicable*)

## 9. Payment

Amount: \$250 (Non-Refundable Application Fee)

**You will be contacted to pay the Pro-rated Annual Fee after the application has been approved.**

I wish to pay by:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

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

*To the extent possible, Engineers Geoscientists Manitoba will protect your credit card information you provide. Entry of credit card information is optional. If you choose to not enter such information you can still successfully submit this application. However, please note that your application will not be processed until payment of the application fee has been arranged.*

I will contact the Engineers Geoscientists Manitoba office to provide my credit card information. I understand my application will not be processed until payment is provided.

I am enclosing a cheque payable to Engineers Geoscientists Manitoba, in Canadian funds

### NOTE

Once your application has been approved, the Authorized Designate, as indicated on the Application Form will be contacted with a Pro-rated Notice. At that time, the payment must be received in full for your Certificate of Authorization to be valid, and your certificate and stamp will then be mailed.

## 10. Delivery

Deliver your required documents, this entire application form, and your fee by mail, in person, or by email to:

**Certificate of Authorization Coordinator**

Engineers Geoscientists Manitoba  
870 Pembina Highway  
Winnipeg, MB Canada  
R3M 2M7

Email: DVanderAa@EngGeoMB.ca