

Certificate of Authorization Application

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

Name of Company/Organization: _____

Mailing Address

New Application

Update/Change

Unit/Suite/Apt #: _____

Street: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Fax: _____

Email: _____

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.

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

Previous Company/Organization Name: _____

Current Certificate of Authorization Number: _____

4. 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 temporary 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 temporary 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 temporary 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: _____

5. Declaration by Member(s) or Temporary Licensee(s) Assuming Responsibility for the Professional Practice

I, the undersigned, am a professional member registered with the Association, or a temporary 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: _____	
Member Number: _____	Designation: <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo.
Area of Practice/Organizational Unit: _____	
Signature: _____	

Name: _____	
Member Number: _____	Designation: <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo.
Area of Practice/Organizational Unit: _____	
Signature: _____	

Name: _____	
Member Number: _____	Designation: <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo.
Area of Practice/Organizational Unit: _____	
Signature: _____	

6. 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.

7. Required Documents

Submit the following documents with your application.

Checklist

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 with is in conformance with the prescribed terms and conditions.
- The amount of the deductible for the professional liability insurance policy
*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
- 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*)

8. 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