



**The Association of
PROFESSIONAL ENGINEERS AND GEOSCIENTISTS
of the Province of British Columbia**

200 - 4010 Regent St., Burnaby, BC, Canada V5C 6N2

Phone: (604) 412-4856 Fax: (604) 430-8085; Email: register@apeg.bc.ca Website: www.apeg.bc.ca

CONFIRMATION REQUEST FORM

FOR APPLICANT ONLY:

NOTE TO APPLICANTS: *Please ask all other Canadian Associations/Ordre in which you are or have been a member to complete this form.*

APPLICANT'S NAME: _____ DATE OF BIRTH: _____

ASSOCIATION/ORDRE: _____ REGISTRATION NUMBER: _____

BY THE ASSOCIATION/ORDRE ONLY:

The above applicant for registration has stated that he/she is/was a member of your Association/Ordre. Please complete the information below concerning the standing of the applicant and return it to this office. DO NOT return the completed form to the applicant.

Gillian M. Pichler, P.Eng., Director – Registration & Licensing

Do you have on file for this applicant: either proof of: Canadian Citizenship/Birth in Canada or proof of Permanent Resident Status in Canada? No record on file

Name on proof of citizenship/permanent residency document Same as above or Other (please provide in the space below) _____

Date of Enrolment as an EIT/GIT: _____

P.Eng Ing P.Geo P.Geol P.Geoph P.E EIT GIT Other _____ in good standing? : Yes No

Passed Professional Practice Examination? Yes No Date Passed (yy/mm/dd) _____

Passed the Fundamentals of Engineering Examination (U.S.)? Yes No Date Passed (yy/mm/dd) _____

Date registration granted: _____ under _____ years of experience requirement and **evaluated under** _____ discipline. This applicant was given credit _____ months of experience upon registration.

Date to which fee paid : _____

Membership Status: Practicing Non-Practicing

Has this member ever resigned been removed?

Date of Resignation/Removal: _____

Date of Reinstatement: _____

Has this member ever been subjected to any disciplinary action? (if yes attach details) Yes No

University degree(s): (please list degree(s), institution(s), discipline of graduation(s), year(s) of graduation)

Do you have confirmation of the above degree(s)? Yes No

Remarks: (Please list any qualifying/confirmatory examinations assigned / grandparenting policy / waived and reasons if waived, or Other Information)

Signature

Position