



**The Association of
Professional Engineers and Geoscientists
of the Province of British Columbia**

*200 - 4010 Regent St., Burnaby, BC, Canada V5C 6N2
Tel: (604) 430-8035 Fax: (604) 430-8085 Website: www.appeg.bc.ca*

APPLICATION FOR REINSTATEMENT OF NON PRACTICING MEMBERSHIP

CONTACT INFORMATION												
First Name	Middle Name	Family Name										
Usual Name (if different from the above)												
Date of Birth (Month/Day/Year)												
P.Eng./P.Geo. Licence Number or EIT/GIT System ID # (if known)		Type of Membership										
Company Name												
Position												
Name and Title of Supervisor												
Work Address												
City	Province/State	Postal/Zip code										
Country												
Telephone	Fax	Email										
Home Address												
City	Province/State	Postal/Zip Code										
Country												
Telephone	Fax	Email										
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Preferred Mailing Address:</td> <td style="width: 20%;"><input type="checkbox"/></td> <td style="width: 20%;">Work Address</td> <td style="width: 20%;"><input type="checkbox"/></td> <td style="width: 20%;">Home Address</td> </tr> <tr> <td>Preferred Email Address:</td> <td><input type="checkbox"/></td> <td>Work Email</td> <td><input type="checkbox"/></td> <td>Home Email</td> </tr> </table>			Preferred Mailing Address:	<input type="checkbox"/>	Work Address	<input type="checkbox"/>	Home Address	Preferred Email Address:	<input type="checkbox"/>	Work Email	<input type="checkbox"/>	Home Email
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REGISTRATION WITH OTHER CANADIAN ASSOCIATIONS OR US STATE BOARDS

Name of Association or Board	Type of Membership	Registration Number	Date of Membership Granted

Character and Prior History

Subsection 13(1)(d) of the Engineers and Geoscientists Act requires that all applicants be of good character and repute to obtain membership in the Association. Section 13(2) of the Act also provides that registration or licensure may be refused if a person has been convicted of an offence that, if committed in BC would constitute an offence under provincial or federal law and renders that person unsuitable for registration or licensure.

An affirmative answer to any of the following questions does not necessarily mean that you will be refused registration or licensure; however, full disclosure is required. It is a breach of the Act to obtain registration by fraudulent means.

Have you ever applied for registration or held a membership or held a licence to practice, in any professional regulatory body (apart from those you listed above) Yes No
(If yes, please provide full details of the history and current status of the application)

Have you ever been disciplined, as a member or licensee of a professional regulatory body? Yes No
(If yes, please provide full details of the disciplinary action and penalties in a separate, confidential letter, including what steps you have taken toward rehabilitation)

Have you ever entered into a Settlement or Consent Agreement or an agreement of a similar nature with a regulatory body? Yes No
(If yes, please provide full details of the Agreement in a separate, confidential letter)

Have you ever been charged with a regulatory or criminal offence in Canada or elsewhere, and been found guilty or received a discharge for that offence? Yes No
(If yes, please provide full details of the offence and penalties in a separate, confidential letter, including the steps you have taken toward rehabilitation.)

Permission to Release Information to a Third Party (Optional)

Your written permission is required before any personal information, including decisions related to this application, can be released to a third party. If a representative, for example a family member or employer, will be inquiring on your behalf and you would like to grant them access to your application information, you must indicate so below. Access to your personal information will be granted only during the evaluation of your application. It is up to you to keep this information current and to contact APEGBC if you wish to change or delete the permission to release your personal information to a third party.

I hereby consent to the release of information concerning my application for admission during the application evaluation period to:

Name

Relationship

CONSENT, DECLARATION and AGREEMENT

My signature on this application represents my irrevocable consent for the Association to obtain and to release information and records relevant to the application process. I also hereby release any party providing such information and records from liability for such action.

I hereby certify that the foregoing is a true record of my personal information, education, and history, and that I have provided all the required information. I understand and agree that if any of the information changes after my completing and signing this Application Form, I will immediately notify APEGBC.

I understand and agree as a condition of application for licensure or membership that I am required to satisfy the requirements of the *Act* and submit evidence, in the approved format, satisfactory to the council, that I meet the academic, experience, English language competency and knowledge of the *Act*, the *Bylaws*, the *Code of Ethics* and Professional Practice Issues; and that:

1. qualifying examinations and/or experience may be assigned to me to fulfill academic and experience criteria for registration/licensure;
2. I may be required to attend, at my own expense, an interview to assess my qualifications;
3. I may be required to write a Professional Practice Examination; and
4. I may be required to complete a Law and Ethics course.

I have read, understand and have met the obligations set out in the *Engineers and Geoscientists Act (Act)*, and the APEGBC *Bylaws*, including the *Code of Ethics (Bylaws)*.

I have read and understand the guidelines published by APEGBC Council relevant to my area of practice

I understand, as a condition of membership or licensure, that I will be bound by the *Act* and *Bylaws*.

I agree, as a condition of APEGBC granting me membership or licensure and as a requirement under the *Code of Ethics*, that I will immediately advise APEGBC of:

- any resignation of membership or licensure by me from another professional regulatory body;
- any disciplinary action taken against me by another professional regulatory body;
- any conviction for a regulatory or criminal offence; or
- any Settlement or Consent Agreement or similar agreement with a regulatory body.

I agree, as a condition of APEGBC granting me membership or licensure, that my membership or licence with APEGBC will be subject to the same conditions, restrictions or terms that have been imposed on my membership or licence with another professional regulatory body as a result of disciplinary action.

Signature: _____ **Date:** _____

PAYMENT	
Amount Enclosed: \$	
Paid by: <input type="checkbox"/> Cheque (payable to APEGBC) <input type="checkbox"/> Cash <input type="checkbox"/> VISA / MasterCard / AMEX	
Credit Card Number	Expiry Date
Name of cardholder on credit card	Authorization Signature

For Office Use Only

Member #: _____ IMIS ID#: _____
Date Application Received: _____ Date Application Acknowledged: _____
Date Payment Received: _____ Amount Paid: \$ _____