

VOLUNTARY CANCELLATION / CHANGE OF A CERTIFICATE OF AUTHORIZATION
APGNS requires detailed information prior to cancellation or changes to the status of a Certificate of Authorization. Simply stating that the company is “not practicing” is not sufficient.

(Company Name) _____ (Certificate number) _____

Cancellation requested by: _____

Position with company: _____

Reasons for cancellation or change (please complete the applicable section(s))

1. Company has ceased to operate (outline the reason) _____

2. Company has been purchased by / merged with another Certificate holder
(Please state the name & Certificate number of the new owner): _____

3. What is the effective date of your resignation? _____

4. Are you the professional responsible for geoscience work on a Certificate of Authorization?
(Yes / No)

If Yes, please provide the name / number of the Certificate holder.

5. Do you have an APGNS stamp?
(Yes / No)

If Yes, please provide a date we can expect the stamp to be returned.

Signature Date _____

Please submit this signed declaration to:

APGNS Registrar
PO Box 91, Main Station., Enfield, Nova Scotia B2C 1T2
902-420-9928 or at registrar@geoscientistsns.ca