

**RESIGNATION FORM FOR INDIVIDUALS LICENSED BY APGNS**  
**APGNS requires further information for an individual to resign “in good standing”.**

(Print Name) \_\_\_\_\_ (Registrant number) \_\_\_\_\_

(Employer) \_\_\_\_\_

1. Are you currently practicing geoscience in or for the province of Nova Scotia?  
(Yes / No)
2. Reason for resigning (Please explain, attach additional page as necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 return the stamp to the address shown below.

\_\_\_\_\_ Date \_\_\_\_\_

*Signature*

**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](mailto:registrar@geoscientistsns.ca)