

Application for Certificate of Authorization

(please print or type and return to the address noted above)

Section A.

Name of Organization

Address (mail / courier)

Telephone / Fax

Website

Email contact

Head office location

Branch office location(s)

Section B.

Type of Organization

Sole proprietorship

Corporate

Is the principal activity of the Organization consulting geoscience? (yes / no)

Section C.

Please indicate the number of full-time and/or part-time employees in the following categories:

Professional Geoscientists (P.Ge.) _____ (resident) _____ (non-resident)

Licensee (P.Ge.) _____ (resident) _____ (non-resident)

Member-in-Training (MIT) _____ (resident) _____ (non-resident)

Other Technical Staff _____ (resident) _____ (non-resident)

Section D.

Please provide a brief description of the area and scope of professional geoscience services/activities that the Organization intends to offer/undertake, including fields of geoscience specialization (i.e. geology, geophysics, environmental geoscience).

Section E.

To be issued a **Certificate of Authorization**, an Organization must have one or more full-time employees, registered as a Professional Geoscientist (P.Geo.) or licensed to practice professional geoscience (LTP) or a designated Geoscience Consultant, and under whose supervision geoscience is applied. Please provide the names and member number of these individuals, their position/title, and the discipline in which they work (i.e. geology, geophysics, environmental geoscience). Attach an additional sheet if necessary.

1. _____

2. _____

3. _____

4. _____

Section F.

Additional information. Attach an additional sheet if necessary.

Section G.

I hereby certify that the information provided to the Association of Professional Geoscientists of Nova Scotia (APGNS) on this application for a Certificate of Authorization is complete, true and correct. **Note that information changes (e.g. resignation of a P.Ge. supervisor) must be reported to APGNS within fifteen (15) days after the effective change.**

Name _____

Organization _____

Position / Title _____

Signature / Date _____

Section H.

Application for Certificate of Authorization (one time administrative fee, incl HST)	\$390.00
and	
Annual fees for a Certificate of Authorization (issued for one calendar year, incl HST)	
• corporate / two or more practitioners	\$1,140.00

Office use only:

Date / fee assessed _____

Comments _____