

## Application for Certificate of Authorization

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

### Section A.

Name of Organization

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Address (mail / courier)

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Telephone / Fax

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Website

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Email contact

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Head office location

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Branch office location(s)

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### Section B.

Type of Organization

Sole proprietorship

Corporate

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

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### Section C.

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

Professional Geoscientists (P.Geo.) \_\_\_\_\_ (resident) \_\_\_\_\_ (non-resident)

Licensee (P.Geo.) \_\_\_\_\_ (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).

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**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.Geol. supervisor) must be reported to APGNS within fifteen (15) days after the effective change.**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Position / Title \_\_\_\_\_

Signature / Date \_\_\_\_\_

**Section H.**

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|---|----------|
| 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) |          |
| • Sole practitioner   | \$310.00 |

*Office use only:*  
*Date / fee assessed* \_\_\_\_\_

*Comments* \_\_\_\_\_  
\_\_\_\_\_