

For office use:

APPLICATION FOR REGISTRATION TRANSFER

Instruction: This form will become the Association's basic source of information. It is essential that all parts of it be completed carefully in type or legible printing. Forward the completed form to the above address.

A. ☐ Dr. _____
☐ Mr. _____
☐ Mrs. _____
☐ Ms. _____
☐ Other _____

Last Name *First Name* *Middle Name*

Transferring from: _____

I have forwarded my current Association the Transfer Form in duplicate. ☐ Yes ☐ No

Membership

No. _____

Are current year's dues paid? ☐ Yes ☐ No

Date of Birth: _____

B. Residence Address: _____
City: _____ Prov. _____ Postal Code: _____
Home Tel _____
Home Email: _____
Employer Name: _____
Employer Address: _____
City: _____ Prov. _____ Postal Code: _____
Work Tel _____ Cell No. _____
Work Email: _____
Present Position: _____

C. I qualify in the discipline of: (Check one only – based on education degree received)

☐ Civil ☐ Chemical ☐ Industrial ☐ Agricultural/Biological
☐ Electrical ☐ Geological ☐ Metallurgical ☐ Computer
☐ Mechanical ☐ Mining ☐ Aerospace ☐ Other _____

Dues and Fees Enclosed:

\$ 50.00	+	\$360.00	+	\$30.00	=	\$440.00
<i>Transfer Fee</i>		<i>Membership Dues</i>		<i>Engineering Stamp</i>		<i>Total</i>

Engineering Stamp:

Please print your name as you wish it on your stamp: _____

D. Post- Secondary Education

University	Location	Applied Science Degree (s)	Discipline	Graduation Date

E. Registered in Provincial/State Association of Professional Engineers of:

(You must list ALL where you are currently registered)

	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	
	Membership Number	

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

I hereby certify that this application and supporting documents are a true record of my education, experience and history. I understand that qualifying examinations and/or experience may be assigned to me to fulfill academic and experience criteria for registration or licensure. I may also be required to attend, at my own expense, an interview to assess my qualifications.

I have read, am familiar with, and agree to be governed by the Act, By-Laws and Code of Ethics of the Association of Professional Engineers of the Province of Prince Edward and **all other jurisdictions** in which I practice. **I will immediately advise the regulatory bodies in all jurisdictions in which I practice of any disciplinary action taken against me by a regulatory body or any conviction against me for a regulatory or criminal offence.**

 Signature

 Date

****Please submit a copy of your government issued photo identification with your application.**

For more information, refer to our website: <http://www.engineerspei.com>

FOR OFFICE USE:	File No.	Date Received
RECOMMENDED APPROVAL: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Application Complete
Executive Director's Approval:	Date:	
Council's Endorsement:		