



**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:		