

Suite #205-104 Elliott Street Whitehorse, Yukon YIA 0M2 867.667.6727 registration@engineersyukon.ca

APPLICATION FOR PERMIT TO PRACTICE

Please select one of the	following Application Categories:			
both the Owner and Reinstatement from		bership number:		
A. ORGANIZATIONAL	INFORMATION:			
Legal Name of Organiza	ation:			
Industry of Professiona	Practice: Consulting	☐ Non-Consulting		
Engineering Discipline:	[Check all applicable]			
Chemical Civil Computer Electrical	Environmental Forestry Geological Industrial	Mechanical Metallurgical Mining Municipal	Surveying Structural Water Resources Other (Specify below)	
List of Officers and/or Directors of the Organization: Name Position				
the holder of a Permit	been suspended, disqualified, cen to Practice or Certificate of Author , please provide details below:			
B. CONTACT INFORMA	ATION:			
Street No. & Name:				
City, Town:		Province/State:		
Country:		Postal/Zip Code:		
Phone No:		Webpage:		



C. CERTIFICATE OF INCORPORATION OR EQUIVALENT DOCUMENTATION AND PAYMENT:

In order to have the company's application processed in a timely manner please ensure you attach a clear copy of the Certificate of Incorporation or equivalent documentation and the application fee payment.

Payment can be made by Visa, Mastercard, Cash or Cheque (payable to Engineers Yukon). A credit card authorization form must be used for Visa/Mastercard payment - http://www.engineersyukon.ca/credit-card-authorization.php

The non-refundable application fee is \$100 + GST = \$105.00. GST No: 891729584RT

<u>Please note</u> – A permit holder is exempt from the annual dues if the Permit Holder has only one employee, and that employee is a Professional Engineer in Yukon.

D. C.O.O., PRESIDENT OR AUTHORIZED DESIGNATE DECLARATION:

Please note in the case of an Authorized Designate, a letter of authorization signed by the C.O.O. or President, must be submitted with the application.

If the company structure is such that you do not have a C.O.O. or President, then a copy of the section of the incorporation documents confirming what position occupies the highest-ranking officer within the company is also required.

I	occupy the position of
Email address (Mandatory):	

In the applicant's organization and in that position have authority and undertake to maintain an organization in which the practice of the profession can be conducted in accordance with requirements described in the *Engineering Profession Act*.

I further undertake:

- (a) To notify the Registrar in writing forthwith if the professional members or licensees of Engineers Yukon who have assumed responsibility for the professional practice cease to be full time employees or shareholders of the applicant.
- (b) To surrender permit stamps and certificates to the Registrar in circumstances where there are not members or licensees of Engineers Yukon assuming responsibility for the professional practice of the applicant.
- (c) To report on an annual basis the names of:
 - i) Chief Operating Officer (or equivalent) or designate taking corporate responsibility for the applicant.
 - ii) Engineers Yukon members or licensees assuming responsibility for direction of the professional practice of the applicant.

Signature	Date



E. RESPONSIBLE MEMBER(S) DECLARATION:

Declaration by Members for Licensees Assuming Responsibility for the Professional Practice

I, the undersigned, am a professional member or licensee of Engineers Yukon and as a full-time employee or member of the firm undertake to provide responsible direction and personal supervision to that portion of the applicant's professional practice performed by the organizational unit described below.

I have read the relevant sections of the *Engineering Profession Act* and the Regulations reproduced herein and I agree to conduct the professional practice for which I have assumed responsibility in strict accordance with the requirements of relevant legislation and regulations.

I further confirm that I will notify the Registrar of Engineers Yukon in writing if I cease to accept the responsibility indicated below and will advise the reason(s) for relinquishing that responsibility.

Name and Professional Designation	Engineers Yukon Member #	Office Location	Organizational Group (Discipline or Operation)	Signature