



APEGA PERMIT TO PRACTICE APPLICATION
 For Companies Practising Engineering or Geoscience in Alberta

SECTION 4: Chief Operating Officer (or Designated Senior Manager) Contact Information	
COO Contact	<input type="checkbox"/> APEGA Member, with APEGA Member Number:
Chief Operating Officer Name	
Job Title (if not COO)	
Office Telephone	
Cell Phone	
Corporate Email Address	
Executive Assistant Contact	<input type="checkbox"/> No Executive Assistant
Assistant Contact Name	
Assistant Job Title	
Assistant Telephone	
Assistant Email Address	

SECTION 5: Chief Operating Officer (or Designated Senior Manager) Declaration	
The following declaration is to be filled out and signed by the Chief Operating Officer (or designated senior manager).	
INITIAL	Agreed-To Statements
	1. I understand that all APEGA Permit Holder companies are regulated by the <i>Engineering and Geoscience Professions Act (EGP Act)</i> , <i>General Regulation and Bylaws</i> , policies, standards, and bulletins by APEGA.
	2. As Chief Operating Officer, I have the authority to bind this company to the Permit to Practice contract with APEGA.
	3. I acknowledge that if the company is practising engineering or geoscience in Alberta, an APEGA Permit to Practice must be renewed annually.
	4. I acknowledge that the company and its Responsible Member (RM) must ensure that all engineering and geoscience work performed on behalf of this company, whether the company is based inside or outside Canada, is appropriately reviewed and authenticated in accordance with the <i>EGP Act</i> , <i>General Regulation and Bylaws</i> , policies, standards, and bulletins by APEGA.
	5. I acknowledge that the company and its Responsible Member remain fully accountable to ensure that all engineering and geoscience work associated with this company abides by all applicable statutes, regulations, bylaws, and standards, which include those that APEGA enforces.
	6. I acknowledge that this company must develop and enforce a Professional Practice Management Plan (PPMP) that is appropriate to all engineering and geoscience practice and that this must be in place within one year of receiving an APEGA Permit to Practice (Ref: <i>EGP Act</i> , s 48(1)d).
	7. I acknowledge that the company must develop a quality management system for all engineering and geoscience work that conforms to all applicable statutes and is implemented and adhered to by all APEGA Members associated with this company. The details of the quality management system will be documented in the PPMP.
	8. I acknowledge that APEGA may, at any time, conduct a review of all engineering and geoscience practice done on behalf of the company, in accordance with the <i>EGP Act</i> , s 16(1)(b).
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	9. I acknowledge that to engage in the practice of engineering and geoscience in Alberta, the company must have at least one designated APEGA Professional Member to act as Responsible Member on behalf of the company. The company must ensure that this individual has the necessary authority to oversee the practice of engineering or geoscience within the company and that this person and his or her contact information is associated with this Permit.
	10. I will ensure that should APEGA contact the company with regards to regulatory matters, a response will be given promptly and appropriately, as per <i>EGP Act Bylaw 32.1</i> .
	11. I will ensure that APEGA has up-to-date and accurate company and contact information and that all APEGA members associated with the company are identified.
	12. I will contact APEGA immediately should I no longer be acting as the company's Chief Operating Officer (or designated senior manager) in association with this company's APEGA Permit.
	13. I will notify APEGA should the company have a discipline decision or investigation underway in another province or territory in Canada.
	14. I acknowledge that if the company is no longer practising engineering or geoscience in Alberta, but the registered company name contains any of the words engineering, geology, geophysics, geoscience, or variations of these words, an APEGA Permit to Practice must be renewed annually.
	15. I will contact APEGA should the company wish to cancel its Permit.
Name of COO	
Company Name <i>(or Permit Holder Number)</i>	
Signature	
Date	

Send completed form to APEGA Permits Department via email to permits@apega.ca