



PROFESSIONAL GEOSCIENTISTS ONTARIO

## Application for Certificate of Authorisation to Practice Professional Geoscience

(In Accordance with the Professional Geoscientists Act, 2000)

### A. Name and address of Organisation

Legal name of corporation, partnership or other entity of persons (name which is to appear on certificate):

Principal Mailing Address:

Postal/Zip Code:

Telephone:

Fax:

Email:

Website:

### B. Particulars of Organisation

Address of Registered Office (if different to the above):

List of Officers and Directors:

Branch Office Locations:

**C. Description of Geoscience Services**

Check most applicable:

Geology

Geophysics

Environmental Geoscience

Description of general business and geoscience services offered and/or conducted by the Applicant:

#### D. List of Practitioners

List below names of all Professional Geoscientists registered with the Professional Geoscientists Ontario who will be practising geoscience on behalf of the Applicant. You may name a person(s) who has applied to become a member of PGO, but has not yet been accepted, by entering the phrase "approval pending" in the PGO Registration Number column. If you require additional space, please attach a separate page.

Name	PGO Registration Number	Field of Expertise

#### E. Responsibility Holder(s)

Name(s) of official representative(s) designated by the Applicant whose duty it is to act as Responsibility Holders on behalf of the Applicant to ensure that the Professional Geoscientists Act, 2000, Regulations and By-laws are complied with by the Applicant as required by law and who will assume responsibility for, and will supervise, the professional geoscience services provided. Each Responsibility Holder listed below must be either the Applicant, an employee of the Applicant, or in the case of a partnership, the partners and their employees. Those listed below must be a practising member of PGO and must sign opposite their name.

Print Name	Signature	Date

**F. Class of Certificate of Authorisation being applied for:**

One Practitioner  
\$300.00 (plus tax, per calendar year)

Two Practitioners  
\$494.97 (plus tax, per calendar year)

Three or more Practitioners  
\$400 x √N (plus tax, per calendar year)

Declaration: I hereby certify all information in this application to be true and complete to the best of my knowledge, that I have the authority to complete and submit this form and that I have not withheld any information that may have a bearing upon the consideration of this application.

Authorised Signing Officer:

Name:

Title:

Signature:

Date:

**This application must be accompanied by:**

1. The prescribed non-refundable application fee of \$183.75 plus applicable tax.
2. In the case of a corporation a copy of the certificate of incorporation, and in the case of any other businesses, a copy of the business name registration, or both.
3. Proof of professional liability insurance in accordance with the Professional Geoscientists Act, 2000.

**An invoice for the annual dues will be issued upon acceptance of this application.**