



Change in Responsibility Holder for Certificate of Authorization to Practice Professional Geoscience

(In Accordance with the Professional Geoscientists Act, 2000)

C of A Number:

A. Name and Address of Organization

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:

E-mail: Website:

B. Particulars of Organization

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

List of Officers and Directors:

Branch office locations:

Change in Responsibility Holder

C. 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 / PGO #	SIGNATURE	DATE
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

Number of practitioners: One Two Three or more

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.

Authorized Signing Officer:

Print : Title:

Signature: _____ Date: