

Limited Licence Application Form

Submit completed form to registration@apegnb.com

* indicates a required question



Personal Contact Information

Salutation*
(Mr., Ms., Mx., etc.)

First & Middle
Name(s)*

Last Name*

Preferred Name

Date of Birth*
(YYYY/MM/DD)

Country of Birth

Home Mailing
Address with
Postal Code*

Personal Email*

Personal Phone*

Home

Cell

Professional Contact Information

Company Name

Job Title

Work Address
with Postal Code

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Professional Contact Information (Cont.)

Work Email

Work Phone

Office

Cell

Communication Preferences

Postal*

Home

Email*

Home

Language*

French

Pick One

Work

Pick One

Work

Pick One

English

Citizenship & Residency

*Pick One**

Canadian Citizen

Canadian Permanent Resident

Other (*Please Specify*)

Select All

I am a New Brunswick resident

I will be moving to

*That Apply**

I am not a New Brunswick resident

New Brunswick within
the next 2 months

Other Professional Registrations

List all current or past registrations with other organizations. Add more on a blank page if needed.*

Organization Name

Location

Member Number

ASSOCIATION OF PROFESSIONAL ENGINEERS AND GEOSCIENTISTS OF NEW BRUNSWICK

183 Hanwell Road Fredericton NB Canada E3B 2R2

506-458-8083 | registration@apegnb.com | www.apegnb.com

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National Professional Practice Exam (NPPE)

Have you passed the NPPE?*	Yes <input type="checkbox"/>	If yes, provide additional information	Organization Name	<input type="text"/>
	No <input type="checkbox"/>		Date	<input type="text"/>

Language Skills

Is English or French the primary language in your current work environment?*

Yes No

Was English or French the primary language of instruction of your post-secondary education?*

Yes No

If you answered "No" to both questions above, please provide the results of one of the following language tests:

Select language test:

Provide results:

References

List 3 references with firsthand, supervisory knowledge of your work experience. At least 2 references must be Professional Engineers or Geoscientists, of which 1 must work within your proposed scope of practice.*

Reference Name	Reference Email	Licence Number & Regulatory Body
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Education

List all post-secondary education. Add more on a blank page if needed.*

Degree/ Diploma/ Certificate Type	<input type="text"/>	Field of Study	<input type="text"/>
School	<input type="text"/>	Location (City, Province, Country)	<input type="text"/>
Graduation Year (if applicable)	<input type="text"/>		
Degree/ Diploma/ Certificate Type	<input type="text"/>	Field of Study	<input type="text"/>
School	<input type="text"/>	Location (City, Province, Country)	<input type="text"/>
Graduation Year (if applicable)	<input type="text"/>		
Degree/ Diploma/ Certificate Type	<input type="text"/>	Field of Study	<input type="text"/>
School	<input type="text"/>	Location (City, Province, Country)	<input type="text"/>
Graduation Year (if applicable)	<input type="text"/>		

Professional Liability

Do you hold insurance in an amount appropriate to the risk of your work and not less than \$500,000 per claim and \$1 million aggregate?

Yes

No

If applicable, does your employer hold insurance that would cover you/your work?

Yes No

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Work Experience Summary

List all relevant work experience in chronological order with a detailed list of projects and responsibilities demonstrating experience in the proposed scope of practice. One year of this experience must have been gained in a Canadian environment. Copy this page as many times as needed.*

Position	<input type="text"/>	Company Name	<input type="text"/>
Supervisor Name	<input type="text"/>	Company Location	<input type="text"/>
E-mail	<input type="text"/>	Phone #	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Projects & Responsibilities	<input type="text"/>		
VERIFIED BY			

Position	<input type="text"/>	Company Name	<input type="text"/>
Supervisor Name	<input type="text"/>	Company Location	<input type="text"/>
E-mail	<input type="text"/>	Phone #	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Projects & Responsibilities	<input type="text"/>		
VERIFIED BY			

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Limited Scope of Practice Description

*Propose a limited scope of practice. Add more information on a blank page if needed. For details on how to write a limited scope of practice, view APEGNB's Guide for Limited Licence Scope of Practice at www.apegnb.com. **

Standard
Preamble

I have signed an undertaking and am therefore authorized by APEGNB to practice within the limited scope as specified hereunder:

Discipline of
Practice

Engineering

Geoscience

Field of
Practice

Limitations
within the
Field of
Practice

Exclusions
within the
Limitations
(if applicable)

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Professional Development Activities

List all relevant professional development activities that support the proposed scope of practice.
Add more on a blank page if needed.*

Date(s)

Organization

Activity

Date(s)

Organization

Activity

Date(s)

Organization

Activity

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Supporting Documents

*The following supporting documents are REQUIRED to accompany your completed application form. Your application WILL NOT be processed until all supporting documents are received.**

First-Time Limited Licence Applicant

- 1 project report for work completed within the past 2 years that best typifies the scope of practice in which you seek to be licenced
- Proof of all relevant professional development activities that support the proposed scope of practice
- Proof of Canadian Citizenship, Permanent Residency status or work permit
- Proof of New Brunswick residency, if you are a New Brunswick resident
- Certificate of Registration or Membership Card with any other relevant organization or regulatory body
- Proof of professional liability insurance
- Official transcripts for all post-secondary education sent directly from the academic institution to APEGNB. In the case of transcripts that are not originally in English or French, transcripts must be accompanied by a certified translation.
- Payment of current application fee (see website) by e-transfer to finances@apegnb.com or by calling (506) 458-8083

Limited Licence Applicant Already Registered in Another Canadian Jurisdiction

- Proof of Canadian Citizenship, Permanent Residency status or work permit
- Proof of New Brunswick residency, if you are a New Brunswick resident
- A copy of your existing Limited Scope of Practice as approved in other Canadian jurisdiction(s)
- Proof of professional liability insurance
- Certificate of Registration or Membership Card with any other relevant organization or regulatory body
- Payment of current application fee (see website) by e-transfer to finances@apegnb.com or by calling (506) 458-8083

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Statements and Certifications

Complete all statements and certifications below. Disclosing information about a criminal conviction or finding will not prevent you from completing your application, but you may be contacted to provide additional clarity or information.*

I hereby make application under the *Engineering and Geoscience Professions Act* to be registered/enrolled in New Brunswick as a Limited Licencee.

I acknowledge the requirement to provide APEGNB with complete and accurate contact information. *Check here**

Have you:

- been convicted of a criminal or quasi-criminal offence in Canada or any other jurisdiction?*
Yes
No
- been a defendant in any civil proceedings in Canada or any other jurisdiction for any cause whatsoever?*
Yes
No
- been convicted of any offence under any federal, provincial or territorial laws, including laws governing the practice of professional engineering or geoscience?*
Yes
No
- been suspended, disqualified, censured or had disciplinary action instituted against you as a member of any professional organization?*
Yes
No
- been denied or had revoked any license or permit, the procurement of which requires proof of good character?*
Yes
No

If you answered yes to any of the questions above, please provide details.

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Statements and Certifications (Cont.)

I understand that I am bound by the *Engineering and Geoscience Professions Act, 2015*, and By-laws, including the Code of Ethics and any violation of the terms of this agreement may subject me to disciplinary proceedings as defined in this legislation. *Check here**

I agree, as a condition of APEGNB granting me a limited licence and as a requirement under the Code of Ethics, that I will immediately advise APEGNB of: any resignation of membership or licensure by me from another regulatory body, any disciplinary action taken against me by another regulatory body, any conviction for a regulatory or criminal offence, or any settlement or consent agreement or similar agreement with a regulatory body. *Check here**

I agree, as a condition of APEGNB granting me a limited licence, that my licence with APEGNB will be subject to the same conditions, restrictions or terms that have been imposed on my licence with another professional regulatory body as a result of disciplinary action. *Check here**

I agree, as a condition of APEGNB granting me a limited licence, that I will immediately advise APEGNB of any subsequent changes to the approved Scope of Practice. I understand that any changes shall be approved by the Experience Review Committee and presented to the Board of Admissions for approval. Appropriate administrative fees shall apply for re-evaluation. *Check here**

I declare that all of the above statements are complete and correct to the best of my knowledge and belief. I understand that a false statement or failure to provide the information requested may, at any time, disqualify me from registration/enrollment. I authorize APEGNB to obtain such additional information as it may deem appropriate, from such additional sources as it may deem appropriate for the processing of my application. If granted a limited licence, I hereby agree to abide by the terms of the Association of Professional Engineers and Geoscientists of New Brunswick *Engineering and Geoscience Professions Act* and the Association's By-Laws and Code of Ethics. *Check here**

I hereby declare that this document was prepared by me and I affix my signature.*

Signature

Date

By typing your name in this form you hereby consent and agree that entering your information through the use of your keypad, mouse or device constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract. Please ensure that you have reviewed the form for accuracy and completeness before signing.