

Limited Licensure Form

Application to Request an Expansion to an Existing Limited Scope of Practice

Please complete and submit this form, along with an up-to-date, detailed copy of your Resume, highlighting specifically your experience (past and current) that relates to your requested scope expansion and showing how many months of experience that you have doing this work. Identify who currently accepts professional responsibility for that work. PEGNL will contact that individual with a reference form asking if they support the requested scope expansion.

PEGNL Member Number

Limited License Holder Name (Print First and Last Name)

Eng. L. Geo. L.

Job Title

Company Name

Email Address

Phone Number

Limited License Holder Signature

Date

State your existing approved limited scope of practice here:

To demonstrate exactly how the new defined scope will appear, state precisely what the expanded part of your scope will be and then include it with your existing scope:

Name and contact information of P. Eng. or P. Geo. accepting responsibility for your expanded scope:

Name:

Email Address:

Phone Number: