



Limited Licence Application (including the Licensed Engineering Technologist (LET) Class of Limited Licence)

Professional Engineers Act, R.S.O. 1990, Chapter P. 28 and Regulation 941/90

Please review the information that accompanies this application. Failure to provide relevant information may result in delay.

Personal	Family Name _____		First Name _____		PEO USE ONLY	
	Second Name _____		Third Name _____		Number _____ Licence _____	
	Date of Birth _____	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Email Address _____		Data Entry _____ Imaged _____	
					Data Entry Checked	
Residence	Street Number/Street Name/Unit, Suite or Apt. _____				City _____	Province _____
	Postal Code _____	Country _____	Send Mail <input type="checkbox"/>	Home <input type="checkbox"/>	Office <input type="checkbox"/>	Home Telephone Number _____
	Email Address _____					
Academic	1. BASIC DEGREE OR DIPLOMA					
	College/University/Institute Name _____			Discipline/Branch _____		
	Degree/Diploma _____			Year of Graduation _____		
	2. POST GRAD					
	College/University/Institute Name _____			Discipline/Branch _____		
	Degree/Diploma _____			Year of Graduation _____		
(For other post-secondary information or additional postgraduate degrees, please attach a note.)						
Employment	Present Employer's Name _____		First Name _____			
	Street Number/Street Name/Unit or Suite _____		City _____		Province _____	
	Postal Code _____	Country _____	Title of Position _____	Business Phone Number / Extension _____		
	Email Address _____					
Experience	An experience record must accompany this application (see <i>Limited Licence Application Guide</i> and <i>Guide to the Required Experience for a Limited Licence in Ontario</i>).					

References

Experience Referees—Three Required (see Guide—“Referees”). By providing this information, you consent to PEO contacting the referees and assert that these referees have consented to this information being provided to PEO. It is strongly recommended that at least two referees be P.Engs.

Name	Connection	Licence No
Address		Postal Code
Name	Connection	Licence No
Address		Postal Code
Name	Connection	Licence No
Address		Postal Code

Limitation

The following statement describes my proposed limitation of scope of services to be provided and is endorsed by the person who has assumed responsibility for my engineering work. (see *How to Determine Your Limitation Respecting the Scope of Professional Engineering Practice*)

Dated _____ Signature, Supervising Professional Engineer _____ Title _____

The following is the knowledge base corresponding to my proposed Limitation of Scope of Professional Engineering Services

PROFESSIONAL

Please complete the following as applicable: I previously applied to PEO for a: Regular licence in _____ Limited licence in _____
 Temporary Licence _____
Month/Year Month/Year Month/Year

I am a member/registered/licensed with an engineering organization(s), Association/Institution, or other, as follows:

Name of Organization No.	Year Accepted	Present Status	Exams Required?	Registration

I am a certified member in good standing with the Ontario Association of Certified Engineering Technicians and Technologists (OACETT) and I hold a Certified Engineering Technologist title with the Association. I hereby consent to PEO contacting OACETT to confirm this information. In addition to meeting the requirements for a limited licence set out in section 46 of Regulation 941 under the *Professional Engineers Act*, as a member in good standing with the Ontario Association of Certified Engineering Technicians and Technologists and holding a Certified Engineering Technologist title with the Association, I wish to be issued an engineering technologist class of limited licence by PEO.

Have you ever been refused membership by any engineering association? No Yes (Please attach Details)

Is there recorded on the register of any professional engineering regulatory or licensing body or equivalent organization any finding of guilt against you for professional misconduct, negligence, or incompetence? No Yes (Please attach Details)

I hereby certify the foregoing statements are true and correct. _____

Application fee in Canadian dollars, cheque or money order, made payable to the Association of Professional Engineers of Ontario must be attached. The application fee is \$360.00 + HST = \$406.80. I understand the fee is not refundable.

APPROVED

PEO USE ONLY

Classification by Type Category Route Data Entry Date (Year/Month/Day)

Degrees 1 2 3 Location _____ Recognized References Yes No

First Year to Admit _____ Professional Practice Exam First Year to Write _____ Limited Licence Issue Date _____
Year/Month Year S/F Status Year/Month/Day

Verification _____ Experience _____ Limitation _____

Exams Completed _____ Recorded _____ Professional Practice Exam _____

Closed, Lost Contact _____ Closed, See Note _____ Resigned _____ Deleted, Non Payment _____ Reinstated _____

Note _____

Add Change Admission Classification (See Codes) Categ. Status First Year to Write Last Digit

First Year to Admit Last Digit Admission Exam A B Exam Centre

The information collected on this form is used for the purpose of regulating the practice of professional engineering. The immediate purpose for collecting this information is primarily to assist PEO in pursuing its regulatory activities and providing basic professional information to members of the public. For more information, see PEO's Privacy Policy at www.peo.on.ca, or contact PEO's Privacy Office at 416-224-1100. NOTE: As the applicable fee may have changed by the time you submit your application, please pay the latest fee plus any applicable taxes as posted on PEO's website at this hyperlink: [PEO Fee Schedule](#).

How to Determine Your Limitation Respecting the Scope of Professional Engineering Practice

The professional services that the holder of a limited licence may perform are defined and described in terms of *function*, *product*, and *application*. Restrictions to the scope of professional practice are imposed in terms of these three elements. Specifically, the professional services performed by the holder of the limited licence must be restricted, confined or limited with respect to at least one of the elements of *function*, *product*, or *application*. For the Experience Requirements Committee to determine whether your requested limitation is acceptable, please complete the following form as concisely as possible. This completed form must accompany your application.

Function

Indicate which activity(ies) described in the definition of the practice of professional engineering best describes the work you perform. How does this function concern the safeguarding of life, health, property, economic interests, the public welfare or the environment?

Product

What do you produce or what service do you provide for your employer? A product? Component? Equipment? Drawings? Etc.

Application

What is the end use of the product or service you provide? In-house? Specialized end use?

The Proposed Wording of Your Limitation

Must describe a specialized function, or an activity confined to a specific product or application. Your limitation must not be so broad as to cover all aspects of practice within an entire engineering discipline.

Who currently assumes responsibility for the engineering work described in your limitation?

Date

Name

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