



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 | Data Entry _____ | Imaged _____ |
| | Email Address _____ | | 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 _____ | | | PEO USE ONLY |
| | Street Number/Street Name/Unit or Suite _____ | | City _____ | Province _____ |
| | Postal Code _____ | Country _____ | Title of Position _____ | Business Phone Number / Extension _____ |
| | Email Address _____ | | | |
| | | | | |
| Experience | A Competency-Based Assessment must accompany this application (see <i>Competency-Based Assessment Applicant Guide</i>) | | | |

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 *Limited Licence Scope of Services Guide and Form*)

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 |
|--------------------------|---------------|----------------|-----------------|--------------|
| | | | | |
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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. _____

The application fee is \$360.00 + HST = \$406.80 CDN. Please do not enclose a cheque or money order at this time, PEO will inform you when a payment is required and provide information on how to pay online. I understand the fee is not refundable.

APPROVED

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

PEO USE ONLY

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](#).