

REQUESTING A HEARING OF THE REGISTRATION COMMITTEE

- You have a right to a hearing before the Registration Committee concerning a Registrar's Notice of Proposal, only if you request such a hearing.
- To request a hearing, please complete and return the attached Request for Hearing Form within thirty (30) days after receipt of the Registrar's Notice of Proposal.

Please *e-mail* your Request for Hearing Form, along with a copy of the Registrar's Notice of Proposal, to the attention of the Chair of the Registration Committee and copy Legal Services, Regulatory Operations, as follows:

E-Mail: Chair, Registration Committee

chairregistrationcommittee@peo.on.ca

Copy to: Legal Services, Regulatory Operations

regopslegal@peo.on.ca

- If the Request for Hearing Form is **not** returned within thirty (30) days, the Registrar may carry out the proposal stated in the Notice of Proposal you have received.
- It is recommended that applicants review <u>Registration Committee Hearing Guide for Self-Represented Applicants</u> to familiarize themselves with the process prior to requesting a Registration Committee hearing.
- General Inquiries Regarding the Hearing Process:

Tribunal Office

E-Mail: adminstaffrec@peo.on.ca

REGISTRATION COMMITTEE REQUEST FOR HEARING FORM

Please complete and return this Request for Hearing Form, along with a copy of the Registrar's Notice of Proposal ("NOP") within thirty (30) days of receipt of the NOP. Please *e-mail* your form to the attention of the Chair of the Registration Committee and copy Legal Services, Regulatory Operations, as follows:

E-Mail: Chair, Registration Committee

chairregistrationcommittee@peo.on.ca

Copy to: Legal Services, Regulatory Operations

regopslegal@peo.on.ca

NOTICE TO THE REGISTRATION COMMITTEE

(pursuant to section 19(3) of the Professional Engineers Act)

| Application File #: Date you received the Registrar's Notice of Proposal: | | |
|--|--------------------------|--|
| | | |
| Name: Family/Last Name(s) | First Name(s) | |
| | | |
| Address:Street | | |
| City | Province Postal Code | |
| Contact Phone Number: | | |
| E-mail: | | |
| Signature | Date of this Request | |