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Application for Certificate of Authorization to Practice Professional Geoscience

In Accordance with the *Professional Geoscientists Act, 2000*

A. Name and Address of Organization

Legal name of corporation, partnership or other entity of persons (name which is to appear on certificate):

Principal Mailing Address: _____

Postal/Zip Code _____ Telephone _____ Fax: _____

E-mail: _____ Website: _____

B. Particulars of Organization

Address of Registered Office (if different to the above): _____

List of Officers and Directors: _____

Branch office locations: _____

C. Description of Geoscience Services

Check most applicable: Geology Geophysics Environmental Geoscience

Description of general business and geoscience services offered and/or conducted by the Applicant:
