



**VOLUNTARY CANCELLATION/CHANGE OF PERMIT TO PRACTICE**

**PEGNL requires detailed information prior to cancellation or changes in the status of a Permit to Practice. Simply stating that the company is “not practicing” is not sufficient.**

Company Name: \_\_\_\_\_ Permit No. \_\_\_\_\_

Cancellation/Change Requested by: \_\_\_\_\_  
*(Print or type your full name and designation, if applicable)*

Position with Company: \_\_\_\_\_

Permit to Practice granted for:  Engineering  Geoscience  Both – Eng & Geo

Cancellation/change requested for  Eng  Geo  Both Eng & Geo

**REASONS FOR CANCELLATION OR CHANGE** *(Please complete applicable section(s))*

1. Company has ceased to operate *(outline reason – retirement/death/health/closing down operations/merger)*  
\_\_\_\_\_  
\_\_\_\_\_

2. Company purchased by/merged with another Permit Holder *(if so, please state name & permit number of new owner):*  
\_\_\_\_\_

3. If due to Retirement/Life Membership status, state if you are the sole practitioner *(acting as both Chief Operating Officer and sole Responsible Member)*.  
\_\_\_\_\_

4. No PEGNL member on staff to assume role of responsible member in charge of practice. Please clarify:  
\_\_\_\_\_  
\_\_\_\_\_

5. Company still active but no longer providing, or offering, eng or geo services in or for the NL jurisdiction. *(Please provide detailed information regarding corporate activities):*  
\_\_\_\_\_  
\_\_\_\_\_

6. Other *(indicate reason(s) and clarify scope of corporate activities – i.e. name change to existing corporation and change of business activities):*  
\_\_\_\_\_  
\_\_\_\_\_

7. Stamps and certificates enclosed:  Yes  No If no, please state reasons:  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_  
*(Signature)*