

VOLUNTARY CANCELLATION OF PERMIT TO PRACTICE

Permit Holder
(organization name)

Permit Number

Cancellation Requested By

Position:

- Owner, President, Chief Executive Officer, or Authorized Designate
- Responsible Member
- Attorney

Describe the reason(s) for cancellation (for example, change in operations, lack of responsible member(s) on staff, etc.)

Note: Certificates and stamps remain the property of ASET and must be surrendered upon cancellation of the permit to practice.

Signature

Date

Please complete and submit to ASET by email to melaniel@aset.ab.ca, mail, or fax. All personal information you provide is subject to the conditions and protection of the ASET Privacy Policy, which can be viewed online at aset.ab.ca.