



REQUEST FOR ANNUAL PERMIT TO PRACTICE DUES REDUCTION

Permit Holder (organization name) _____

Permit Number _____

Name

Designation
(if applicable)

ASET Number
(if applicable)

I am responsible for the permit of the organization listed above. I agree to maintain an organization in the practice of engineering or geoscience that meets the requirements of the *Engineering and Geoscience Professions Act*, with specific reference to Part 8, Division 3 of the Act, Part 5 of the *Professional Technologists Regulation*, and the ASET Code of Ethics.

I hereby apply for a 50% reduction of the annual permit dues payable by the permit holder for the invoiced billing year and declare:

- The permit holder has only one professional technologist as a full-time employee or member of the organization, and
- The gross revenues of the firm did not exceed \$250,000 in the last 12 months.

I declare the above statements to be true, complete, and accurate to the best of my knowledge and have enclosed a payment of 50% of the ASET Permit to Practice annual dues.

Signature

Date

Enclosed is my cheque (payable to ASET) for the reduced dues

Credit Card Type (select one): VISA Mastercard AMEX

Credit Card Number

Expiry Date

Name on Card

Please print, sign, and submit to ASET by email traceyt@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.

