

## PERMIT TO PRACTICE CANCELLATION

Legal Name of Organization

ASET Permit ID

Mailing Address

City

Postal Code

Phone

Email

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.**

### Cancellation on Request

Pursuant to section 29(2) of the *Engineering and Geoscience Professions Act*, when a request for cancellation of a registration is approved by the Council, the professional member, licensee, permit holder or restricted practitioner requesting the cancellation shall, on being notified of the approval,

- i. immediately surrender to the Registrar
    - (A) the certificate of registration, license and the stamp or seal, in the case of a professional member, licensee or restricted practitioner, or
    - (B) the permit and annual certificate, in the case of a permit holder,
- and
- ii. cease using the permit number, in the case of a permit holder.





### Declaration

“In lieu of surrender, I certify that I have destroyed the ASET certificate, license, permit, and the stamp issued to me by ASET. As a non-permit holder of ASET, I also agree to cease using the Permit to Practice stamp immediately. I understand that should I wish to obtain an ASET Permit to Practice in the future, I must apply with ASET.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print, sign, and submit to ASET by email [traceyt@aset.ab.ca](mailto: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](http://aset.ab.ca).

