

## REQUEST FOR ANNUAL PERMIT TO PRACTICE DUES REDUCTION

Permit Holder \_\_\_\_\_  
(organization name)

Permit Number \_\_\_\_\_

I \_\_\_\_\_  

<b>Name</b>	<b>Designation</b> (if applicable)	<b>ASET Number</b> (if applicable)
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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
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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 complete and submit to ASET by email to [melaniel@aset.ab.ca](mailto: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](http://aset.ab.ca).