



## **Application for ENGINEER-IN-TRAINING ENROLMENT**

135 Water Street
Charlottetown, PE
Canada C1A 1A8
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fax 902 . 566 . 5551
www.EngineersPEI.com
info@EngineersPEI.com

For office use:
#

A.	·	d legibly. Forward the co		First Name	Middle Name		
71.	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other I hereby make applica	ntion under the Enginee	ring Profession Act to	be enrolled as an En	agineer-In-Training (EIT)		
	Canadian Citi Other	zen	Date of Birth:				
	Is English your first	language?	Yes	☐ No			
В.	Residence Address Street/P.O. Box/Etc City/Town/Village Postal Code Home Tel			Apt/Unit # Province Home Email			
C.	Name of Employer Street/P.O. Box/Etc City/Town/Village Postal Code Work Tel Work Email Job Title:	()		Apt/U			
D.	I qualify in the disci Civil Electrical Mechanical	pline of: (CHECK O  Chemical Geological Aerospace	NE ONLY) ** the er Agriculture/Bi Metallurgical Sustainable De	iological	ne you graduated with Industrial Computer Other:		
E.	Post-Secondary Education (College, Technical Institute, University)						
	From – To (years)	Institution / Locatio	n	Degree	Graduation Month/Year		
	e: For enrolment as a aired from the Registr			on date and engine	eering discipline is		

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**Please note:** Internationally educated graduates must apply for a WES ICAP (World Education Services International Credential Advantage Package) evaluation. Visit <a href="https://www.EngineersPEI.com/node/403">www.EngineersPEI.com/node/403</a> for more information and to begin the process.

F	Statement	and	Certification
٠.	MALCHICH	41111	verilli allon

Have you ever made application for registration in any other Association/Order of Professional in Canada?    Yes    No (check yes if you have previously applied to Engin							
	If yes, please provide full details of the his	story and current status of the application.					
	Has such application been rejected? ☐ Yes ☐ No If previous application has been rejected give details:						
G.	References						
	Please provide contact information for two referen	nces.					
A)	Name:						
	Address:						
	Telephone:	Email:					
B)	Name:						
	Address:						
	Telephone:	Email:					
leas per Byla	st one year of work experience after completion of their formal year, and deals with professionalism, professional practice, reasons and Code of Ethics.  ase submit a copy of your government issued photo id with	Practice Exam (NPPE). It is recommended that applicants have at education before the exam is attempted. It is conducted five times gulatory authority requirements, law and legal concepts, and the Act, your application, which provides proof of residency in PEI.  Therefore to the best of my knowledge and belief. I have read and					
	derstand, and agree to be governed by the Act, By-Law a Prince Edward Island.	nd Code of Ethics of the Association of Professional Engineers					
	Signature	Date					
DUES AND FEES ENCLOSED							
**I		Dues** $\frac{$120.00}{100} = \frac{$145.00}{100}$ is application to the address shown above.					
FOR	R OFFICE USE: File No.	Date Received					
REC	COMMENDED APPROVAL: Yes \( \sigma \) No \( \sigma \)	Date Application Complete					
Exec	cutive Director's Approval: Date:						

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