



LIB-2005

Attention: _____
(Name) (Jurisdiction)

VERIFICATION OF CERTIFICATION FOR ENGINEER'S CERTIFICATE

The person named below has requested us to issue a/an _____
 Engineer's Certificate of Competency without examination.

Our File Number: _____ Your File Number: _____

Name of Applicant: _____
(Surname) (First Name) (Middle Initial)

Address: _____
(Apt/Street) (City, Prov) (Postal Code)

Date of Birth: _____

Please complete the following:

Date Certificate Issued: _____ Certificate No. _____ Class: _____

Certificate issued by Examination: YES NO

If NO, state reason for issue of Certificate: _____

Which examination was written : Provincial Standardized

Is Certificate in good standing : YES NO

If NO, state reason: _____

Standardized Examinations Written for a Higher Certificate

CLASS & SERIES	PAPERS PASSED							
	PART A				PART B			
	1	2	3	4	1	2	3	4

Comments:

Date: _____ Signed: _____