

Request for Appeal

Date: _____

To: APEGA Registrar

I, _____ wish to appeal the decision of the following
decision

Investigative Committee decision:

_____,
dated _____, as per Section 51 of the EGP Act.

Discipline Committee decision:

_____,
dated _____, as per Section 67 of the EGP Act.

Board of Examiners decision:

_____,
dated _____, as per Section 32 of the EGP Act.

Practice Review Board decision:

_____,
dated _____, as per Section 17 of the EGP Act.

Continued on next page.

Note: Please list case file name and number in decision field. Ex: "Investigation of Mr. John Smith, P.Eng. (11-15)"

Reasons for Appeal

In the space provided below, please describe the reasons for your appeal, or attach 1 page maximum.

Date: _____

Applicant's Name: _____

Signature: _____

Send to

APEGA Registrar via email to appeals@apega.ca