



Request for Examination Remark

This Application form must be filled in completely and returned to this ministry with payment of the fee of \$205.00. Failure to do so may result in a delay in the processing of your application. Please refer to LIB-0003 Client Authorization Payment form for payment options. You can download all forms at www.cpsp.gov.sk.ca.

LIB-2015

I. Personal Information *(Complete in Full)*

Name: _____		
(Surname)	(First Name)	(Middle Initial)
Address: _____		
(Apt/Street)	(City, Prov)	(Postal Code)
Home Phone: () _____	Work Phone: () _____	Fax: () _____
Email Address: _____		
<p>To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the reference or other evidence of qualification submitted by myself or on my behalf may result in the chief inspector denying this application.</p>		
_____ <small>(Signature of Applicant)</small>		_____ <small>(Date - YYYY MM DD)</small>

II. Examination Information

Reference Number: _____		
(PEA-xxxxxx-xxxx)		
Class: _____	Part: _____	Paper: _____

III. Office Use Only

Remark Power Engineering: (Revenue Code 510-4282000)		
Payment Received?	Yes	No
If no, state reason: _____		
Reviewed by: _____		_____ <small>(Date - MM DD YYYY)</small>

Note: After receipt of this request it may take up to 4 weeks for the exam to be remarked. Once complete, a letter detailing the results will be sent to the address listed above.