COMPLIANCE AUDIT EXEMPTION FORM

Registrants on a leave of absence or having other extenuating circumstances which prevent them from undergoing a compliance audit are eligible to submit a request for exemption. Registrants who hold a Sole Practitioner Permit to Practice with Engineers and Geoscientists BC, or are employed by a Registrant Firm that has undergone a compliance audit in the previous 12 months with an in-compliance result, are also eligible to submit a request for exemption. Non-practising status and/or retirement are not acceptable reasons for audit exemption.

Exemption requests must be made by completing the application form below and submitting it to individualaudits@egbc.ca. The form can also be completed online at the Individual Audit Program webpage. Registrants must provide as much detail as possible to outline the reason for an exemption.

Registrants can expect an answer to the outcome of their exemption application within 30 days of receipt, unless the request is being reviewed by the Audit and Practice Review Committee, in which case the Registrant will be informed of an estimated response date by the Committee.

REGISTRANT INFORMATION

REGISTRACT INFORMATION					
Name and Designation:		Registrant ID:			
Registration Type	☐ Practising	□ Non-Practising/Other			
Professional Role/Title:					
Area and Industry of Practice:	Click here for a list of areas and industries of practice.				
Practice.					
EMPLOYER INFORMATION					
Firm/Employer Name:					
Permit to Practice Number:					
Sole Practitioner?	□ Yes	□ No			
EXEMPTION INFORMATION					
Reason for Exemption:	☐ Parental Leave	☐ Medical Leave			
	☐ Compassionate Care Leave	☐ Unemployment			
	☐ Other Extenuating Circumstance (Please specify below)				

Please provide additional relevant details to support your exemption request:					
Will you be doing any professional engineering or professional geoscience work in BC while you are on leave?			□ Yes		
			□ No		
If you will be working while on leave, please describe how many hours you will be working and the type of work you will					
be undertaking:					
How long will you be absent from Practice?	☐ 6 months or less	☐ Over 6 months			
Start Date of Leave:					
End Date of Leave:					
DECLARATION					
I hereby declare that the information presented above is true to the best of my knowledge and that I have not withheld any information that may have a bearing upon the consideration of this application.					
I understand that an approved exemption only impacts my individual compliance audit and will not be extended to other					
regulatory requirements such as Annual Reporting, Continuing Education, Permit to Practice, and annual fee renewal.					

Once complete, please submit the exemption request form to $\underline{individual audits@egbc.ca}$

Name:

Note: Additional documentation supporting your exemption request can be included as an attachment to this form. **Note:** If granted, exemptions will apply to this compliance audit only and you must reapply for a new exemption if you are randomly selected for another compliance audit in the future.

Date: