



REQUESTING A HEARING OF THE REGISTRATION COMMITTEE

- You have a right to a hearing before the Registration Committee concerning a Registrar's Notice of Proposal, only if you request such a hearing.
- To request a hearing, please complete and return the attached Request for Hearing Form with a copy to the Registrar **within thirty (30) days after receipt of the Registrar's Notice of Proposal.**

You may fax, e-mail, or mail your Request for Hearing Form, along with a copy of the Registrar's Notice of Proposal, to the attention of the Chair of the Registration Committee, as follows:

E-Mail: ChairRegistrationCommittee@peo.on.ca

Mail: Simon Sukstorf, P.Eng.
Chair of the Registration Committee
Professional Engineers Ontario
101 - 40 Sheppard Avenue West
Toronto, Ontario
M2N 6K9

- If the Request for Hearing Form is **not** returned within thirty (30) days, the Registrar may carry out the proposal stated in the Notice of Proposal you have received.
- **General Inquiries Regarding the Hearing Process:**

Lana Tereshchenko
Tribunal Administrative Officer
Tel.: (416) 224-1100 ext. 2269
E-Mail: adminstaffrec@peo.on.ca

REGISTRATION COMMITTEE REQUEST FOR HEARING FORM

- Please complete and return this Request for Hearing Form with a copy to the Registrar **within thirty (30) days of receipt** of the Registrar's Notice of Proposal ("NOP"). You may fax, e-mail, or mail your form to the attention of the Chair of the Registration Committee, as follows:

E-Mail: ChairRegistrationCommittee@peo.on.ca

Mail: Simon Sukstorf, P.Eng.
Chair of the Registration Committee
Professional Engineers Ontario
101 - 40 Sheppard Avenue West
Toronto, Ontario
M2N 6K9

NOTICE TO THE REGISTRATION COMMITTEE (pursuant to section 19(3) of the *Professional Engineers Act*)

Application File #: _____

Date you received the Registrar's Notice of Proposal: _____

I have received the Registrar's Notice of Proposal. I hereby request a hearing by the Registration Committee, and attach a copy of the Registrar's Notice of Proposal to this form.

Name: _____
Family/Last Name(s) First Name(s)

Address: _____
Street

City _____ Province _____ Postal Code _____

Contact Phone Number: _____

E-mail: _____ Fax: _____

Signature

Date of this Request