

**TI CONSULTANT REGISTRY
COMPANY REGISTRATION FORM**

Date Submitted: _____

Company Name: _____

Contact Information:

Mailing Address:

P.O. Box Address City Province, Country Postal / ZIP Code

Main Office Street Address (if different than mailing address):

Address City Province, Country Postal / ZIP Code

Satellite or Sub-Office Street Address - in the province of NL (if different than mailing address):

Address City Province, Country Postal / ZIP Code

Company Web Site:

Principal Professional:

Name Phone Number Fax Number Email Address

Office Administrator (send correspondence to):

Name Phone Number Fax Number Email Address

Discipline Categories:

Complete the relevant Form for EACH Discipline selected:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Geotechnical | <input type="checkbox"/> Building Envelope / Roofing | <input type="checkbox"/> Marine (Shore Infrastructure) |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Hydrogeology | <input type="checkbox"/> Door Hardware Specialist | <input type="checkbox"/> Traffic Engineering |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Materials Testing | <input type="checkbox"/> Indoor Air Quality | <input type="checkbox"/> Costing / Estimating |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Facility Condition Assessment | <input type="checkbox"/> Independent Peer Review |
| <input type="checkbox"/> Civil | <input type="checkbox"/> LEED | <input type="checkbox"/> Environmental Site Assessment | <input type="checkbox"/> Other (list): _____ |

Licences to Practice:

Association	PEGNL	NLAA	Other -	Other -
Registration Number				

Rates & Demographics:

Engineer	Architect	Technologist	Technician	Other
# Employees	# Employees	# Employees	# Employees	# Employees