



Application to be Newly Designated as a Qualified Person

September 2025

A. General Information

This form is to be used by individuals applying to be newly designated as a qualified person, that are not members of the classes of qualified persons listed in the code chapter.

Please note that designation is given by chapter. If you are wanting to be designated for more than one chapter, you will be required to fill out a separate application for each chapter.

Once completed:

Email form to envcode@gov.sk.ca.

Please include proof of education and other supporting documentation in the email.

Assistance:

For assistance please email envcode@gov.sk.ca.

Renewal:

Individuals, already designated, wanting to renew their qualified person designation do not need to fill out this form. Please email your renewal request to envcode@gov.sk.ca. In the email, please include your designation number and chapter name. If your designation has expired, please include an updated résumé or CV.

B. Contact and Designation Information

Applicant Name

Business Name

Address

City/Town Province Postal Code

Phone Number Email

I hereby make application to be designated as a qualified person in accordance with *The Environmental Management and Protection Act, 2010* for the purposes of **(list all purposes that apply)**

as required by the

of the Saskatchewan Environmental Code.

C. Academic Qualifications

Name and location of post-secondary education institution(s) attended (university, college, private career college, other)	Dates Attended		Title of degree, diploma, certificate <i>(copies must be submitted)</i>
	From	To	

D. Work Experience History

Please attach a summary of work experience (Section G) of how and where you acquired the requisite skills and competencies (see Saskatchewan Environmental Code Chapter Qualified Person Core Skills and Competencies) for the activity you are applying for ministry-designated qualified person status.

E. Membership

Please list any memberships, and provide proof of membership, which are relevant to this application:

Please list any applications to a professional licensing body or association you have applied for:

F. References

Please submit the names and contact information of **at least two references** who can attest to the work experience, qualifications, discipline or occupation related to the activity in which you are applying to become a ministry-designated qualified person.

Name
Professional designation (if applicable)
Company Name
Job Title
Phone Number Email

Name
Professional designation (if applicable)
Company Name
Job Title
Phone Number Email

Name
Professional designation (if applicable)
Company Name
Job Title
Phone Number Email

G. Summary of Work Experience

Start and end dates of activity	Name of workplace	Activity	Indicate how you acquired the requisite skills and competencies for the activity you are applying for ministry-designated QP status

H. Declaration and Authorization

1. I declare that I have not been disciplined or had a licence restriction in the past by any professional licensing body or association, either as an individual or as a corporate officer, nor, to the best of my knowledge, is there an investigation, disciplinary action or licence restriction currently pending against me, either as an individual or as a corporate officer.
2. I declare that I have the skills and competencies required for the purposes as described in Section B.
3. I am aware that this application, and any additional information submitted, is deemed to be public information, unless otherwise prescribed.
4. I acknowledge that any personal information collected in this form will be used only for the purposes of administering my qualified person designation and for related activities, pursuant to *The Freedom of Information and Protection of Privacy Act*.
5. I am aware that the identification of a person as a qualified person does not entitle that person to engage in an activity if that activity is within the exclusive scope of practice of a profession and that person is not a member of that profession.
6. I consent to an authorized representative of the Ministry of Environment verifying the information included in this application including contacting my references and educational institutions to verify that the information provided is true and correct.
7. I solemnly declare that the statements made and the information provided in this application are true and correct. I acknowledge that any false statement or false information on this form or relating to any document in support of this application, including concealment of any material fact, may be found to be contrary to *The Environmental Management and Protection Act, 2010* and could result in:
 - a) prosecution;
 - b) imposition of an administrative penalty;
 - c) a complaint to the professional association to which I belong;
 - d) denial or revocation of my designation.

Signature of Applicant

Date of Application

Need more information?

[Qualified Persons Website](#)

[Submit an Environment General Inquiry](#)