



ARCHITECTS' ASSOCIATION
OF NEW BRUNSWICK
ASSOCIATION DES ARCHITECTES
DU NOUVEAU-BRUNSWICK

APPLICATION FOR TEMPORARY LICENCE AND CERTIFICATE OF PRACTICE

NAME OF PRACTICE (PLEASE PRINT)

DATE OF APPLICATION

INSTRUCTIONS FOR COMPLETING APPLICATION

PROCESSING

All Sections of the application must be completed in full. Please allow 2-3 weeks for processing from the date of receipt to approval.

NAME

Please ensure the name listed is an Architect in good standing with their resident jurisdiction.

PRACTICE NAME

Ensure your Practice name matches exactly the name on your insurance certificate.

ADDRESS

Complete in full.

MANDATORY LIABILITY INSURANCE COVERAGE

Evidence of mandatory coverage, in the form of a Certificate of Insurance issued by the Underwriter, must accompany your application. The name insured must match the name of the Certificate of Practice applicant and the AANB must be listed as the certificate holder.

FEES

Required fees must accompany your completed **original** application form.

DECLARATION

4. I have entered into an agreement with _____
(name) who is co-applicant and a registered member of the AANB and holds a valid Certificate of Practice issued by the AANB. The above-mentioned has agreed to act as my Associate Architect, for at least the service set out in the licensing requirements.

Provide a summary of the agreement between the applicant and the Associate Architect.

5. I understand the requirements of the Architects' Association of New Brunswick [Act and By-Laws](#) regarding the use of the stamp in connection with all drawings and documents for the project for which this application is made. I agree to the name of my Associate Architect appearing on all drawings and documents used in the execution of the project.
6. I understand [required fees](#) must accompany the completed original application form for the first project year, commencing with the date of architectural commission.
7. I agree to remain licensed for the duration of the project when I will submit a Certificate of Substantial Completion duly co-signed by myself and my Associate Architect, and I further agree to remain licensed for one year after the date noted on that Certificate of Substantial Completion.
8. I understand that any license issued as a result of this application shall only apply to the project specified in this application and may be cancelled by Council for any breach of the terms under which it is granted.
9. I, _____ **do solemnly declare:**
- a) That I am the applicant herein.
 - b) That the facts set out in the foregoing application are true and correct.
 - c) The annual fee has been submitted.

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true, knowing that it is of the same force and effect as if made under oath by virtue of the Canada Evidence Act.

Declared before me in the County of _____
(City/Community)

in the Province of _____

on this _____ day of _____, 20_____

(Notary, Commissioner, etc.)

(Signature of Applicant)

ASSOCIATE ARCHITECT'S ENDORSEMENT

I, _____ a Registered Member of the Architects' Association of New Brunswick hereby certify that I currently hold a valid Certificate of Practice issued by the AANB in the name of _____ and that I am a party to an agreement with _____
(the applicant and firm noted above), and hereby make application for the issuing of a license as requested.

Signature of Registered Architect: _____ **Date:** _____