



**APPLICATION FOR
CERTIFICATE OF PRACTICE**

NAME OF PRACTICE (PLEASE PRINT)

DATE OF 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.

SECTION 1

PRACTICE NAME

Ensure the name of the applicant matches your articles of incorporation and your insurance certificate.

If you wish to use both an English and French name for your firm, ensure both versions of the name are given on the application.

ADDRESS

Complete in full.

FORMS OF PRACTICE

Select one of the three forms of practice. In the case of a corporation, please note your application must include a copy of the articles of incorporation. To ensure prompt processing of a corporate application, ensure that these documents accompany the application.

NOTE: *Employees of a current Certificate of Practice holder, who wish to hold a certificate of practice on behalf of the firm, must provide employer consent.*

SAMPLE LETTERHEAD

A sample of your firm's letterhead must accompany the application. By-laws 6.5.4 states:

"Holders of a Certificate of Practice shall include on their letterhead the names of all persons responsible for the practice of architecture. The name(s) shall be shown separate and apart from the name of the practice."

SECTION 2

Indicate the member's name, title within the practice, whether the member is responsible for the practice of architecture, and the professional associations with which the individual is registered.

SECTION 3

Must be completed by all corporate applicants.

SECTION 4

Provide names of those Registered or Reciprocal members authorized to practice on behalf of the applicant.

FEES

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

REINSTATEMENT *if applicable*

Certificate of Practice holders in good standing who have allowed their Certificate of Practice to lapse for a period of not more than three (3) years shall be assessed fees and dues consisting of:

- Dues in arrears for the year(s) of lapsed membership
- Dues for the current year

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.

JOINT VENTURE

In the case of a Joint Venture, applicants shall file a memorandum summarizing the Joint Venture and the members thereof with their application of Certificate of Practice.

SECTION 1

Practice Name: _____

Address: _____
(Street) (City/Town) (Province/State) (Postal/Zip Code)

Telephone: _____ Email: _____ Website: _____

Contact Person: _____ Email: _____

Mailing Address: _____
(if different than above) (Street) (City/Town) (Province/State) (Postal/Zip Code)

- I/We hereby make application for a Certificate of Practice as required by the New Brunswick Architects Act on behalf of the above-named practice.
 - I/We hereby certify that one of the principal and customary functions of the above-named is the practice of architecture.
 - I/We hereby certify that the practice of architecture will be carried out under the supervision and responsibility of (indicate one):
 - In the case of a **SOLE PROPRIETORSHIP**, the Principal of the sole proprietorship, who is an architect.
 - In the case of a **PARTNERSHIP**, an architect who is a Partner, an Employee of the partnership, or an Officer, Director or Employee of a corporate partnership.

Any non-resident partnership or corporation applying for a Certificate of Practice to practice architecture in New Brunswick shall satisfy the Council that at least two-thirds of the partners, principals or directors of the partnership or corporation as the case may be are architects or engineers and at least one of whom is an architect.
 - In the case of a **CORPORATION**, a Director, Officer or Employee of the corporation.

Any non-resident partnership or corporation applying for a Certificate of Practice to practice architecture in New Brunswick shall satisfy the Council that the majority of the issued shares of each class of voting shares of the corporation are beneficially owned by and registered in the name of architects and engineers.
- NOTE:** In the case of a Partnership, Corporation or Partnership of Corporations, all Partners, Officers or Directors, who are Architects, shall be Registered Members of the AANB.
- ATTACHED HEREWITH is a copy of the articles of incorporation.
 - ATTACHED HEREWITH is a copy of the letterhead of the practice.
 - ATTACHED HEREWITH is evidence of your mandatory liability insurance coverage, in the form of a Certificate of Insurance.
- I/We hereby being employed by a Certificate of Practice holder, enclose a letter from my employer indicating that I have consent to provide architectural services to the public.

SECTION 2

Name the Principals, Partners or Directors. Indicate those responsible for the practice of architecture and state the professional associations with which they are registered.

Any non-resident partnership or corporation applying for a Certificate of Practice shall satisfy the Council that:

- at least two-thirds of the partners, principals or directors of the partnership or corporation are architects or engineers and at least one of whom is an architect.

NAME	TITLE	RESPONSIBLE FOR THE PRACTICE OF ARCHITECTURE	PROFESSIONAL ASSOCIATIONS

SECTION 3

List all the shareholders of the company and the number of each class of shares of the Corporation beneficially owned by and registered in the name of each shareholder. State the amount of authorized capital of the corporation and the amount of authorized capital represented by each class of shares. Also state whether each class is voting or non-voting. Any non-resident partnership or corporation applying for a Certificate of Practice to practice architecture in New Brunswick shall satisfy the Council that the majority of the issued shares of each class of voting shares of the corporation are beneficially owned by and registered in the name of architects and engineers.

SHAREHOLDERS	PERCENTAGE OF OWNERSHIP		
	CLASS	CLASS	CLASS
TOTAL NUMBER OF SHARES:			

SECTION 4

Name the Registered/Reciprocal Members authorized to affix a stamp on behalf of the applicant.

DECLARATION

- I/WE as holder of a Certificate of Practice agree to comply with the Architects' Association of New Brunswick **Act and By-Laws**.
- I/WE agree that only those individuals named in Section 4 of this application shall be authorized to affix the stamp on behalf of the applicant.
- I/WE hereby certify that the listing of Principals/Partners/Directors in Section 2, and in the case of corporations, shareholder information, provided in Section 3, of this application is correct.
- I/WE enclose payment in the amount of \$ _____ which represents the **total fees required**.
- I/WE understand this application will be considered **only** if it is complete in all respects, and is accompanied by:
 - In the case of a Corporation, the firm's articles of incorporation
 - Letterhead in compliance with the requirements regarding styling of letterhead
 - Currently dated "Certificate of Insurance" as evidence of mandatory professional liability

Registered Member Name: _____

Signature: _____ Date: _____