



Architects' Association of New Brunswick

**APPLICATION FOR LICENSE FOR
ARCHITECTS LICENSED / REGISTERED IN CANADA**

NAME OF APPLICANT (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.

VERIFICATION OF ITEMS SUBMITTED

All documentation submitted will be verified.

LICENSE HISTORY

Indicate License status in all jurisdictions where a License is **currently** held or **previously** held. Identify any License not currently in good standing and provide details including foreign memberships. Attach supplementary sheets if necessary.

LICENSE TERM

January 1st to December 31st of each calendar year.

CONFIRMATION OF REGISTRATION / LICENSE

Please have your resident association complete and forward to the AANB a Confirmation of Registration/License. Processing of your application will only proceed after receipt of this completed and certified form directly from the Licensing Authority.

REINSTATEMENT FEES *(if applicable)*

Members in good standing who have allowed their membership 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

FEES

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

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APPLICANT INFORMATION

NAME: _____
(Surname) (First Name) (Initial)

DATE OF BIRTH: _____ Attached copy of proof required
(Month/Day/Year)

COUNTRY OF ORIGIN: _____

LANGUAGES: English French Other _____

PLACE OF BUSINESS: _____
(Firm Name)

(Street) (City/Town) (Province/State) (Postal/Zip Code)

TELEPHONE: _____ EMAIL: _____

MAILING ADDRESS: _____
(If different than above) (Street) (City/Town) (Province/State) (Postal/Zip Code)

COMMUNICATIONS: I agree to subscribe to the AANB E-Bulletin.
 YES NO ENGLISH FRENCH

LICENSE HISTORY (Use supplementary sheets if necessary)

1. Jurisdiction in which your **first** License was issued:

JURISDICTION	LICENSE NUMBER	DATE LICENSE ISSUED

2. List all jurisdictions in which you **currently** hold a License:

JURISDICTION	LICENSE NUMBER	DATE LICENSE ISSUED

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3. List all jurisdictions in which you *previously* held a License and provide the reason you are no longer current.

JURISDICTION	LICENSE NUMBER	DATE LICENSE ISSUED	DATE RESIGNED/CANCELLED	REASON RESIGNED/CANCELLED

4. Have you ever been denied License? YES NO
5. (a) Has your License ever been suspended or revoked? YES NO
 (b) Has your License ever been cancelled? YES NO
6. Have you resigned your membership in any jurisdiction or allowed your license to lapse for any reason? YES NO
7. Have you ever been convicted of any offence which may be relevant to your suitability to practice architecture? YES NO
8. (a) Have you ever been found guilty of professional misconduct or incompetence? YES NO
and / or
 (b) Is your conduct or competence presently the subject of proceedings? YES NO
9. Was your conduct or competence under review at the time of your resignation or cancellation? YES NO
10. Have you been issued a License in any jurisdiction which is subject to any Terms, Conditions or Limitations? YES NO

NOTE: If you have answered **YES** to any of the above questions, please provide details below. Use a supplementary sheet if required.

DECLARATION

I DO SOLEMNLY DECLARE:

- THAT I am applying for a License with the Architects' Association of New Brunswick (AANB):
- THAT I agree to comply with the AANB [Act and By-Laws](#):
- THAT I understand that only a Certificate of Practice Holder is permitted to offer and/or provide to a member of the public, a service that is part of the practice of architecture:
- THAT the facts set out in this Application for License are true and correct:
- THAT I MAKE THIS solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath:
- IN ADDITION, I hereby consent and authorize the _____ (*name of Regulator*) to release and disclose to the jurisdiction to which I am making this Application for License, all information and documents that in any way relate to any past, current or pending investigations or proceedings involving my conduct or competence.

Signature of Applicant: _____ Date: _____



Architects' Association
of New Brunswick

Association des architectes
du Nouveau-Brunswick

PRIMARY CONTINUING EDUCATION REPORTING JURISDICTION DECLARATION FORM

In order to ensure Architects who are licensed in multiple jurisdictions in Canada do not record their Continuing Education (CE) activities in multiple jurisdictions, the AANB has developed this form to allow AANB members the opportunity to record their CE activities on a transcript in a Province, Territory or U.S. jurisdiction of their choice. Upon receipt of the completed Declaration Form, the AANB will communicate directly with the selected jurisdiction to ensure CE compliance.

Below is a listing of organizations to which this opportunity applies.

I WISH TO DESIGNATE ONE OF THE FOLLOWING AS MY PRIMARY CE PROGRAM REPORTING JURISDICTION:

- Alberta Association of Architects (AAA)
- Architects' Association of New Brunswick (AANB)
- Architects Association of Prince Edward Island (AAPEI)
- Architectural Institute of British Columbia (AIBC)
- Manitoba Association of Architects (MAA)
- Newfoundland and Labrador Association of Architects (NLAA)
- Northwest Territories Association of Architects (NWTAA)
- Nova Scotia Association of Architects (NSAA)
- Ontario Association of Architects (OAA)
- Ordre des architectes du Québec (OAQ)
- Saskatchewan Association of Architects (SAA)
- Other (please name) _____

I CONFIRM TO THE AANB THAT:

1. I am a registered/licensed member of the Primary CE Reporting Jurisdiction noted above (Registration/Licence # _____).
2. I am solely responsible for complying with the continuing education requirements of the Primary CE Reporting Jurisdiction.
3. I authorize my Primary CE Reporting Jurisdiction to release to the AANB information that is relevant to my compliance with their continuing education program.
4. I recognize that I must comply with the Primary CE Reporting jurisdictions requirements specified by the primary jurisdiction.
5. I recognize that information falsely reported in another jurisdiction will be recorded as non-compliance with the AANB's CE Program which may lead to potential disciplinary action.

Name Printed: _____

Signature: _____ Date: _____