

**APPLICATION FOR TEMPORARY LICENCE**

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Name of Applicant (Please Print)

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Date of Application

**IDENTIFICATION**

(Please Type or Print)

NAME IN FULL:

\_\_\_\_\_

(Surname) (First Name) (Initial)

RESIDENCE ADDRESS:

\_\_\_\_\_

(Street) (City)

\_\_\_\_\_

(Province) (Postal Code)

PLACE OF BUSINESS:

\_\_\_\_\_

(Firm Name)

\_\_\_\_\_

(Street) (City, Province) (Postal Code)

ADDRESS FOR CORRESPONDENCE:

Residence  Business 

RESIDENCE TELEPHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_ SIN: \_\_\_\_\_ (Yr/Mo/Day)

(City/Country)

**A. REGISTRATION HISTORY**

1. I am currently a member in good standing of \_\_\_\_\_ and enclose a duly signed certificate of good standing, and undertake to advise AAPEI of any change of status in my membership.
2. Jurisdiction of initial registration: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Date Acquired: \_\_\_\_\_
3. List all other jurisdictions (with registration number and date acquired) in which you currently hold or have previously held a registration to practise architecture:  
\_\_\_\_\_
4. Have you ever been denied registration? Yes  No
5. Has your registration ever been suspended or revoked? Yes  No
6. Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened? Yes  No
7. Have you ever been convicted of an offence which may be relevant to your suitability to practise architecture? Yes  No
8. Have you ever been found guilty of professional misconduct or incompetence in another jurisdiction, or is your conduct or competence presently the subject of proceedings? Yes  No

If you have answered "yes" to any of the above questions, provide dates and details of the situation in the space below. Include the result of any appeals. Use a supplementary sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Indicate one of the following:

\_\_\_\_\_ I am a sole practitioner operating in my own name, and understand that it is necessary that I maintain a Certificate of Practice as required by Section 12 of the Prince Edward Island Architects Act.

\_\_\_\_\_ I am a partner/director/officer of \_\_\_\_\_ and understand that a valid Certificate of Practice is required to be maintained by my firm for the duration of the licence.

I further certify that I am the Architect designated by the firm/partnership/corporation as the person responsible for the practice of architecture in relation to the project described in this application.

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## B. EDUCATION HISTORY

1. Indicate Canadian Architectural Certification Board approval:

Certificate Number: \_\_\_\_\_ Date: \_\_\_\_\_

2. a) 

Colleges, Universities, Technical Schools, Syllabus of Studies	Dates of Attendance	Degree Received*	Date Degree Received
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\_\_\_\_\_

\_\_\_\_\_

(\*If no degree, indicate credit hours earned. Specify semester or quarter system).

b) Other: \_\_\_\_\_

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## C. EXAMINATION HISTORY

	Exams Completed	Jurisdiction where taken	Year succeeded
1.	Canadian Architectural Practice Examination		
	● (a) Legal Aspects of Architecture	_____	_____
	● (b) The Regulation of the Architectural Profession	_____	_____
	● (c) Management of the Practice	_____	_____
	● (d) Other (Indicate) _____	_____	_____
2.	NCARB (Architectural Registration Examination)		
	● Pre-design	_____	_____
	● General Structures	_____	_____
	● Lateral Forces	_____	_____
	● Mechanical & Electrical Systems _____	_____	_____
	● Materials & Methods	_____	_____
	● Construction Documents & Services	_____	_____
	● Site Planning	_____	_____
	● Building Planning	_____	_____
	● Building Technology	_____	_____
	● _____	_____	_____
3.	Oral Examination _____		
4.	Other _____		

**If other than above, please state Professional Registration Examination(s) successfully completed. (Submit evidence)**

**D. PROJECT INFORMATION:**

I hereby make application to the Council of AAPEI for a temporary licence so that I may undertake the following project:

- (a) Location \_\_\_\_\_
- (b) Description of Project \_\_\_\_\_
- (c) Client \_\_\_\_\_
- (d) Approximate cost \_\_\_\_\_
- (e) Date of Architectural Commission \_\_\_\_\_
- (f) Anticipated Date of Substantial Completion \_\_\_\_\_

I have entered into an agreement with \_\_\_\_\_ who is a co-applicant herein and is a registered or reciprocal member of AAPEI who has agreed to act as my Associate Architect, for at least the services set out in the licencing requirements.

Provide a summary of the agreement between the Applicant and the Associate Architect:

**E. OATH:**

If my application is accepted, I will subscribe to the following declaration:

"Solemnly do I declare that having read and understood the Prince Edward Island Architects Act and its Bylaws, I am eligible for a temporary licence. Further do I announce that I will uphold professional aims, and the art, and the science, of architecture and thereby improve the environment. I also accept with obligation the need to further my education as an architect. I promise now that my professional conduct as it concerns the community, my work, and my fellow architects will be governed by the ethics and the tradition of this honourable and learned profession."

**F. DECLARATION:**

"The applicant acknowledges that the AAPEI will compile and evaluate a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required by the AAPEI.

The applicant acknowledges that any statements, papers or documents received by the AAPEI in its investigation may be transmitted by the AAPEI to Architectural Registration Boards of Provinces or States or other authorities licensing architects, and will not be available to the applicant.

The applicant hereby authorizes the AAPEI to transmit the applicant's record and all other pertinent information obtained in the course of its investigation to Architectural Registration Boards, Provinces or States or other authorities licensing architects. The applicant agrees to remain licensed for the duration of the project when they will submit a Certificate of Substantial Completion of the project duly co-signed by the applicant and their Associate Architect, and the applicant further agrees to remain licensed for one additional year after the date of Substantial Completion.

In consideration of the services to be rendered by the AAPEI, the applicant hereby releases, discharges and exonerates the AAPEI's directors, officers and agents from any and all liability of every nature and kind arising out of the transmission of information concerning the application."

The undersigned, being duly sworn upon oath, deposes and says that he/she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

COUNTRY OF: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

JURISDICTION OF: \_\_\_\_\_

Sworn by the deponent \_\_\_\_\_

known to me, at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Before me, \_\_\_\_\_

(Notary or other officer qualified to take oaths)

SEAL

**G. ASSOCIATE ARCHITECTS ENDORSEMENT**

I, \_\_\_\_\_, am a registered or reciprocal member of the Architects' Association of Prince Edward Island and hereby certify that I am a party to an agreement with \_\_\_\_\_ to act as Associate Architect for the services set out in the summary contained in Section D of this application, and I make application for the issuing of a licence as requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Supporting Documents Received:

Evidence of Registration

Date Application Accepted: \_\_\_\_\_

Registration Number: \_\_\_\_\_

## AAPEI PROFESSIONAL LIABILITY INSURANCE FORM

Professional Liability Insurance in an amount not less than \$250,000.00 limit per claim, and an aggregate limit per year of \$250,000.00 is a mandatory requirement for obtaining a Certificate of Practice from the AAPEI. All Certificate of Practice holders must submit this form. All holders of a Certificate of Practice and all Temporary License holders shall immediately notify the Registrar of the AAPEI if their Professional Liability Insurance is cancelled or is not renewed annually.

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*name of insured (please print)*

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*name of insurance company*

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*name of insurance broker*

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*insurance policy number*

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*date of expiry*

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*signature of insured (please print)*

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*date*