



Architects Association of Prince Edward Island

Application for Licence/Registration for Architects Licensed/Registered in Canada

A. IDENTIFICATION

1. Name in Full: _____
Surname First Name Middle Name(s)
- Please check one Miss Mrs. Ms. Mr.
- Name as it should appear on the Certificate: _____
2. Residence Address: _____
Street Apt. No.
- City Province/Territory/State Country Postal/Zip Code
3. Place of Business: _____
Firm Name
- Street Suite No.
- City Province/Territory/State Country Postal/Zip Code
4. (If necessary, for use by each Provincial/Territorial jurisdiction with respect to PIPEDA)
5. Residence Tel: () _____ Business Tel: () _____
6. E-mail: _____

B. LICENCE HISTORY *(Use supplementary sheets if necessary.)*

1. Jurisdiction in which **first** Licence issued:

Jurisdiction	Licence Number	Date Licence issued

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

Jurisdiction	Licence Number	Date Licence issued

3. List all jurisdictions in which you **previously** held a Licence and provide the reason you no longer hold a Licence in those jurisdictions:

Jurisdiction	Licence Number	Date Licence Issued	Date Resigned/Cancelled	Reason Resigned/Cancelled

B. LICENCE HISTORY

4. Have you ever been denied a Licence? Yes No
5. (a) Has your Licence ever been suspended or revoked? Yes No
- (b) Has your Licence ever been cancelled? Yes No
6. Have you resigned your membership in any organization of architects or allowed your Licence to lapse for any reason? Yes No

- | | | |
|---|------------------------------|-----------------------------|
| 7. Have you ever been convicted of an offence which may be relevant to your suitability to practise architecture? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. (a) Have you ever been found guilty of professional misconduct or incompetence?
and/or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Is your conduct or competence presently the subject of proceedings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Was your conduct or competence under review at the time of your resignation or cancellation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you been issued a Licence in any jurisdiction which is subject to any Terms, Conditions or Limitations ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered "yes" to questions 4. to 10., use a supplementary sheet to provide dates and details.

C. DECLARATION

I DO SOLEMNLY DECLARE:

THAT I am applying for a Reciprocal Membership under the *Architects Act* of the Province of Prince Edward Island.

THAT I agree to comply with the *Architects Act*, the Regulation and By-Laws, all as amended;

THAT I understand that only a holder of a Certificate of Practice 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 are true and correct in every particular;

AND 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 home jurisdiction) to release and disclose to the jurisdiction to which I am making this Application for Licence, 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
