



# Architects Association of Prince Edward Island

## Application for License/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. LICENSE HISTORY *(Use supplementary sheets if necessary.)*

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

Jurisdiction	License Number	Date License issued

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

Jurisdiction	License Number	Date License issued

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

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

### B. LICENCE HISTORY

4. Have you ever been denied a 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 organization of architects or allowed your License 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?<br><b>and/or</b>               | 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 License 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.**

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**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 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

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