

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CERTIFICATE OF PRACTICE.

To ensure that your application may be processed in a timely manner, please ensure it is complete when it is returned to the AAPEI office. The following items should be borne in mind when completing your application.

1. **Practice Name** - ensure that the name for which you apply for your Certificate matches exactly the name in your articles of incorporation.

If you wish to use both an English and a French name for your firm, please ensure that both versions of the name are given on the application for your Certificate.
2. **Address** - please complete in full, including postal code.
3. **Form of Practice** - please indicate one of the three forms of practice. In the case of a corporation, please note that your application must include a copy of the articles of incorporation. To ensure prompt processing of a corporate application, please ensure that these documents accompany the application.
4. If the applicant is the employee of a current Certificate of Practice holder, a letter from his employer, indicating the employer's consent for the employee to hold the Certificate in his own right must accompany the application.
5. **Section 1** - must be completed by all applicants. Please indicate the member's name, his title within the practice, whether the member is responsible for the practice of architecture, and the professional associations with which the individual is registered.
6. **Section 2** - must be completed by all corporate applicants.
7. **Section 3** - please give the names of those Registered or Reciprocal members authorized to affix the practice's stamp. As the information in this section will be used to order the practice stamps, please indicate the names in the form in which they are to appear on the Certificate of Practice stamp.
8. **Annual Fee** – please visit www.aapei.com, For Members, Membership. There is a downloadable pdf of the current fee schedule.



Architects Association
of Prince Edward Island

APPLICATION FOR CERTIFICATE OF PRACTICE

Name of Practice (please print)

Date of Application

APPLICATION FOR CURRENT CERTIFICATE OF PRACTICE

PRACTICE NAME: _____

TELEPHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

INVOICING EMAIL ADDRESS: _____

(Please use an email address which is consistent from year to year)

Include Postal Code:

1. I/We hereby make application for a Certificate of Practice as required by the Prince Edward Island Architects Act on behalf of the above-names practice.
2. I/We hereby certify that one of the principal and customary functions of the above-named is the practice of architecture.
3. 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.

_____ in the case of a **CORPORATION**, a director, officer or employee of the corporation.

ATTACHED HEREWITH is a copy of the articles of incorporation for said corporation.

4. I/We 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.

1. TO BE COMPLETED BY ALL APPLICANTS:

Name the principals, partners, or directors. Indicate which ones are responsible for the practice of architecture as defined in the Prince Edward Island Architects Act and state the professional associations with which they are registered.

Name	Title	Responsible for the Practice of Architecture	Professional Associations

2. TO BE COMPLETED BY ALL APPLICANTS

List all of the shareholders of the company and number each of the class of shares of the corporation that are beneficially owned by and registered in the name of each corporation. 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.

Shareholders			
	Class	Class	Class

3. TO BE COMPLETED BY ALL APPLICANTS:

Name the Registered/Reciprocal Members authorized to affix a stamp on a design on behalf of the applicant in accordance with the Prince Edward Island Architects Act.

1. I/We as a holder of a Certificate of Practice agree to comply with the Prince Edward Island Architects Act and By-laws
2. I/We agree that only those individuals named in Section 3 of this application shall be authorized to affix the stamp and to sign the designs.
3. I/We hereby certify that the listing of principals/partners/directors in Section 1, and in the case of corporations, shareholder information, provided in Section 2, of this application is correct.
4. I/We enclose herewith a cheque in accordance with the current Schedule of Fees as posted at www.aapei.com.

Registered Member Name: _____

Signature: _____

Date: _____

In the case of a joint venture, applicants shall file with the application for a certificate of practice a memorandum summarizing the joint venture and the members thereof.

4. FEES

- Certificate of Practice Fee _____
- Plus HST (15%) _____
- Total _____

Note: Fees must be paid in full before an application will be considered. Please see the fee schedule on AAPEI website – aapei.com.