



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

# Architect Application for Registration

## United States/Canada Mutual Recognition Agreement

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Include this checklist with your application. Retain copies of the application documents for your records.

Date this application was emailed to [registration@aibc.ca](mailto:registration@aibc.ca): \_\_\_\_\_

### Checklist:

- Completed and signed application form.
- Copy of current resume.
  - Include job titles, firm/employer names, employment dates, and office locations.
  - Must demonstrate that you have completed at least 2,000 hours of post-licensure/registration experience practising as an architect in the U.S.
- Scan of valid (non-expired), photo identification that demonstrates citizenship or lawful permanent residency status in Canada or the U.S.
  - Examples include scans of your Passport, PR Card, or Green Card.
  - IDs that do not indicate citizenship/PR status such as driver's licenses cannot be accepted.
- [Transmittal of NCARB Record](#) to AIBC requested from NCARB.
  - NCARB will send it by email directly to AIBC.
- Principal place of practice as a **licensed** architect is [a signatory U.S. Jurisdiction to the Agreement](#).
- You have read and understood the terms and conditions outlining the requirements of this [Mutual Recognition Agreement](#).

### Submission Information:

**Note:** If you were previously registered with the AIBC, you must pay any outstanding fees and satisfy the conditions for [Good Standing](#) prior to applying for reinstatement.

1. Submit your complete application, attachments, and this checklist by email to [registration@aibc.ca](mailto:registration@aibc.ca). Incomplete applications will be destroyed after three months of inactivity.
2. Once your application is approved, you will be emailed an invoice with payment instructions. For applicable fees, refer to [Schedule B: Fees](#), found in the [AIBC Bylaws](#). Payments must be remitted in Canadian funds.
3. If you wish to register a firm, you may submit the [firm application form](#) at the same time as your application for architect registration.

4. After submitting your documents by email, please send the original application form and checklist to the [AIBC](#), preferably by the United States Postal Service if mailed from the U.S. and Canada Post if mailed from Canada. The originals do not need to be received before your application is approved.
5. Processing will take up to approximately **five weeks** from the date of receipt of your complete application package by email. Applications are reviewed once a month by the Credentials Committee. The schedule for estimated approval dates can be found on the [AIBC website](#).

# Architect Application for Registration

IDENTIFICATION (please type or print)

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FULL LEGAL NAME:

(first name)

(middle name)

(last name)

PREFERRED NAME:

HOME ADDRESS:

(unit)

(street address)

(city)

(province)

(postal code)

(country)

BUSINESS ADDRESS:

(firm name)

(unit)

(street address)

(city)

(province)

(postal code)

(country)

PREFERRED MAILING ADDRESS:

Home

Business

PERSONAL PHONE:

BUSINESS PHONE:

PREFERRED PHONE NUMBER:

Personal

Business

PERSONAL EMAIL:

BUSINESS EMAIL:

PREFERRED EMAIL ADDRESS:

Personal

Business

GENDER:

Woman

Man

Non-Binary

Prefer not to Respond

DATE OF BIRTH (MM/DD/YYYY):

LANGUAGES: English

French

Other(s):

## POST-SECONDARY EDUCATION

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List your Architecture related post-secondary programs. Use supplementary sheet as necessary.

Name of School	Credential Received (E.g., MArch or Architectural Technology Diploma)	Graduation Year

CACB # (if applicable): \_\_\_\_\_ NCARB # (if applicable): \_\_\_\_\_

## LICENCE HISTORY

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Jurisdiction of initial architect registration (if applicable): \_\_\_\_\_

Are you applying for reinstatement with the AIBC?    Yes                      No

Starting with recent registration, list the jurisdiction(s), including British Columbia, in which you currently hold, or have previously held, a registration to practise architecture. Use a supplementary sheet as necessary.

Jurisdiction	Licence No.	Date Issued	Date Resigned/Cancelled (if applicable)	Reason for Resignation/Cancellation (if applicable)

## GOOD CHARACTER ASSESSMENT

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Yes      No

1. Have you ever been denied registration or a licence by a regulatory organization/licensing authority?
2. Have you ever been convicted of a criminal or other such offence that may be relevant to your suitability to practise architecture?
3. Have you been convicted of an indictable offence in British Columbia, or an equivalent offence in any other jurisdiction?
4. Have you been, or are currently, the subject of any proceeding by a regulator in any jurisdiction (i.e., misrepresentation, illegal practice)?
5. Has your registration/licence ever been cancelled, suspended, or revoked?
6. Have you resigned your registration with any regulatory organization/licensing authority or allowed your registration/licence to lapse for any reason?
7. Was your conduct or competence under review in any of your former jurisdictions of registration or licensing at the time of your resignation or cancellation?
8. Have you ever been found guilty, or currently subject to any proceeding, concerning professional misconduct or incompetence?
9. Have you been issued a registration/licence in any jurisdiction which is subject to any terms, conditions, or limitations?
10. Is there a record of any disciplinary action involving you with any regulatory organization/licensing authority?
11. Have you ever been found by a regulatory body, or made admissions, of illegal or unlawful practice of architecture or another profession?

If you have answered 'yes' to any of the above, use a supplementary sheet to provide dates and details.

- I hereby consent and authorize the AIBC to request from other regulatory bodies information and documents that in any way relate to any past, current, or pending investigations or proceedings that may impact my character assessment.

## RIGHTS AND RESPONSIBILITIES WHEN APPLYING FOR REGISTRATION

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- I am applying for registration under the [\*Professional Governance Act\*](#) of British Columbia.
- I agree to comply with the [\*Professional Governance Act\*](#), the [\*AIBC Bylaws\*](#), and the [\*Code of Ethics\*](#).

- 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, and should I wish to offer such services, I will either apply for a Certificate of Practice or work in/with a firm holding a current Certificate of Practice.
- If I am applying under a Mutual Recognition Agreement, I have read and understood the terms and conditions outlining the requirements of the Mutual Recognition Agreement and affirm that I am eligible for registration as an Architect under these requirements.

## DECLARATION

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

“Solemnly do I declare that having read and understood the [Professional Governance Act](#) and the [Bylaws](#) and [Code of Ethics and Professional Conduct](#) of the Architectural Institute of British Columbia, and having passed the examinations, I am eligible for registration. Further do I announce that I will uphold professional aims, uphold the art, and the science of architecture, and I will 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, in the public interest.”

The facts set out in this ‘Application for Registration’ are true and correct in every particular. I swear that all statements contained in the application are true. 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.

**Full Legal Name of Applicant typed or printed:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Declared before me at the City of \_\_\_\_\_ in the Province/Territory/State \_\_\_\_\_**

**this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**Name of Lawyer, Notary Public, or Authorized Individual\*:** \_\_\_\_\_

**Profession/Title of Authorized Individual\* (Notary, Judge, Lawyer etc.):** \_\_\_\_\_

**Signature of Lawyer, Notary Public, or Authorized Individual\*:** \_\_\_\_\_

**Notary Seal (if applicable)**

*\*Any judge, notary public, justice of the peace, provincial court judge, recorder, mayor, or commissioner authorized to take affidavits to be used either in provincial or federal courts, or any other functionary authorized by law to administer an oath in any matter. Architects are not included as authorized individuals to take affidavits.*

***COLLECTION NOTICE***

*The information on this form is collected under the authority of AIBC Bylaws under the Professional Governance Act, S.B.C. 2018, c. 47. The information will be used to process your application and update the AIBC's records on the status of its applicants and Registrants. If you have questions about the collection and use of this information, please contact the AIBC's Registration & Licensing department by phone at 604.683.8588 or by email at [registration@aibc.ca](mailto:registration@aibc.ca). As a public body under the provisions of the Freedom of Information and Protection of Privacy Act, the AIBC provides security and confidentiality of your personal information.*