



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

# Application to Register or Reinstate as an Architectural Technologist AIBC

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

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

## Checklist

- Completed and signed application form
- [Photo Identification Form](#)
- Successful completion of all Architectural Technologist admission requirements, including:
  - Education and experience requirements in one of the following three categories:
    - > Category 1  
Education: Graduation from an AIBC-approved two-year technology diploma program.  
Experience: Two years of related work experience, at least one year of which must be under the Direct Supervision of an Architect.
    - > Category 2  
Education: Graduation from an AIBC-approved one-year certificate.  
Experience: Five years of related work experience, at least three years of which must be under the Direct Supervision of an Architect.
    - > Category 3  
Education: No AIBC-approved education necessary.  
Experience: Seven years of related work experience under the Direct Supervision of an Architect.
  - AIBC Ethics, Act and Bylaws course
  - Architectural Technologist Examination
- Copy of certificate/diploma/degree and academic transcripts
- Letter(s) of experience from employer(s)

## Submission Information

1. Submit your complete application, attachments, and this checklist by email to [iap@aibc.ca](mailto:iap@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](#).
3. After submitting your documents by email, please send the original application form and checklist to the [AIBC](#) by Canada Post. The originals do not need to be received before your application is approved.

### **Mailing Address:**

Architectural Institute of B.C.  
100 – 440 Cambie Street  
Vancouver, British Columbia V6B 2N5  
Canada

4. 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](#).

# Architectural Technologist AIBC Application

## IDENTIFICATION (please type or print)

---

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**

---

List post-secondary programs related to architecture. Use a supplementary sheet if necessary.

Name of School	Credential Received	Graduation Year

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

**EMPLOYMENT**

---

Please provide a letter from each employer indicating the employment dates specified by month and year and the name of the supervising Architect AIBC. Use a supplementary sheet if necessary.

Employer	Employment Dates

**REGISTRATION HISTORY**

---

Jurisdiction of initial architectural technologist 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, registration as an architectural technologist. Use supplementary sheet if necessary.

Jurisdiction	Date Registered	Date Resigned/Cancelled (if applicable)	Reason for Resignation/Cancellation (if applicable)

## GOOD CHARACTER ASSESSMENT

---

Yes      No

1. Was your conduct or competence under review in any of your former jurisdictions of registration at the time of your resignation or cancellation of registration?
2. Have you ever been found guilty, or currently subject to any proceeding, concerning professional misconduct or incompetence?

## DECLARATION

---

I, \_\_\_\_\_ (name of applicant), swear that all the statements contained in the application are true.

---

Signature of Applicant

---

Date

### **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.*