



ARCHITECTS LICENSING BOARD OF NEWFOUNDLAND AND LABRADOR

P.O. BOX 5204, ST. JOHN'S, NL, CANADA, A1C 5V5 / albnl@albnl.com / www.albnl.com

**APPLICATION FOR CHANGE IN EMPLOYMENT
APPLICATION FEE: \$115.00 (HST Included)**

Under the Code of Ethics, a License Holder is required to submit this form to the Board immediately upon termination of employment of a Firm.

NAME OF FIRM AND MAILING ADDRESS:

CONFIRMATION REQUIRED

- (a) Are you still covered by insurance by the above noted firm? Yes No
- (b) Was the insurance cancelled? Yes No

STATEMENT TO LICENSE HOLDER

The License Holder is to cease offering and providing of architectural services immediately when insurance coverage is cancelled; when reactivated, the License Holder shall provide a new insurance certificate.

LICENCE HOLDER'S SIGNATURE

Signature

Date