



**APPLICATION FOR CHANGE IN DIRECT SUPERVISION OF FIRM**  
**APPLICATION FEE: \$230.00 (HST Included)**

Under the Code of Ethics, a License Holder is required to submit this form to the Board immediately prior to providing direct supervision of a firm and immediately after ceasing to provide direct supervision of a firm. This form provides the Board with valuable information it needs to determine which firms are permitted to offer architectural services under Section 13(2) of the Act.

**IDENTIFICATION OF THE LICENSE HOLDER**

Name in Full

Place of Work

Work Mailing Address

Work Telephone Number

Work E-Mail Address

**INFORMATION REGARDING YOUR DIRECT SUPERVISION OF A FIRM AS OF TODAY'S DATE**

Article 13 of the Architects Act 2008 permits any firm to provide architectural services provided such services are offered and provided under the direct supervision of an architect.

The Code of Ethics require an architect providing the required direct supervision to a firm or any partnership or joint venture to which the firm is a member of, (a) to be either an employee or a contract employee of the firm, (b) notify the Board in advance of when such direction supervision will commence, (c) notify the Board immediately when such direct supervision ceases; and (d) limit such direct supervision to one firm and any partnership or joint venture to which the firm is a member of.

Are you an employee, or contract employee, or sole practitioner of a firm where you have agreed to provide the required direct supervision referenced in Article 13 of the Act?  Yes  No

(a) If Yes, identify the full legal name and address of the firm

(b) If Yes, does the insurance policy referenced above specifically identify the firm by name as a named insured? (Alternatively you may submit a copy of a separate policy naming the firm.)  Yes  No

Will you be providing the required direct supervision to any partnership or joint venture that the firm referenced above is a member of?  Yes  No

(a) If yes, identify the partnership and joint venture full legal names

(b) If Yes, does the insurance policy referenced above specifically identify the partnerships and joint ventures by name as named in insureds? (Alternatively you may submit a copy of a separate policy naming the partnerships and joint ventures.)  Yes  No

**LICENCE HOLDER'S SIGNATURE**

Signature

Date