



ALBNL LICENSE APPLICATION TO PRACTICE ARCHITECTURE IN NEWFOUNDLAND & LABRADOR

(Including applicants from currently licensed jurisdictions recognized by the Board)

APPLICANT INFORMATION

Name in Full (Please Print):

Home Mailing Address:

Home Telephone Number:

Home E-Mail Address:

Place of Work:

Work Mailing Address:

Work Telephone Number:

Work E-Mail Address:

Preferred Mailing Address Home Place of Work

Mailing Address to be published on the Website Yes No

Gender: Female Male Other Language: English Other
Specify Other:

Date of Birth (M/D/Y):

LICENSE HISTORY (if not applicable, indicate with n/a)

1. Jurisdiction Name of First Licence to Practice:

2. License # Date License was issued (M/D/Y):

3. In which jurisdiction have you practiced architecture the most over the last 24 months?

3.1 "Confirmation of License/Registration Form" from your Provincial Association must accompany license application. Yes No

4. List all other jurisdictions in which you currently hold or have previously held a license to practice.
(Use supplementary sheets if necessary)

Jurisdiction	License Number	Year(s) License Held

5. Have you ever been denied a license? Yes No

6. Has your license ever been suspended or revoked? Yes No

7. Have you ever surrendered or allowed your license to lapse in any jurisdiction due to any action threatened or pending? Yes No

8. Have you ever been convicted of an offense? Yes No

9. Is there any record of any disciplinary action on file with a licensing authority? Yes No

If you answered “yes” to any of the questions above, provide dates and details of the situation in the space below. Include the result of any appeals. *Use a supplementary sheet if necessary.*

EDUCATIONAL HISTORY

School	
Degree (or equivalent)	
Date Acquired	
CCAB #, if applicable	
NCARB #, if applicable	

INSURANCE INFORMATION – Please Attach a copy of your Certificate of Insurance (COI)

If you are granted a license, will it be your first ever license to practice in any jurisdiction?

- Yes (a copy of your insurance certificate need not be submitted until such time as the Board has given its approval-in-principle to grant you a license.)
- No (A copy of your insurance certificate must accompany the application for it to be considered by the Board.)

As a condition of license, you must always maintain professional liability insurance. If, at any time, you are not covered by insurance you must cease practicing immediately until such time as your insurance is reinstated, and to notify the Board immediately.

Name of Insurance Company:

Policy Number:

Policy Expiry Date:

Does the Policy specifically identify you by name as a named insured? Yes No

Does the policy have coverage of not less than \$250,000 per claim and not less than \$500,000 in the aggregate? Yes No

Does the Policy specifically indicate that the insurance company shall notify the ALBNL when the policy lapses, is cancelled, or is not renewed? Yes No

Is the Insurance Company Licensed with the Government of Newfoundland and Labrador? Yes No

DIRECT SUPERVISION OF PARTNERSHIPS, FIRMS, AND CORPORATIONS

- 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 requires 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 direct 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.
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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 insureds? (Alternatively, you may submit a copy of a separate policy naming the partnerships and joint ventures.) Yes No

INTERNSHIP IN ARCHITECTURE PROGRAM (IAP) *(First time Applicant only)*

1. Have you completed your Canadian Experience Record Book (CERB) documenting not less than 3720 hours of experience, consisting of not less than 2800 hours in Category A: Design and Construction documents, 560 hours in Category B: Construction Administration, 280 hours in Category C: Management. The remaining Additional Hours may be gained in any experience areas noted in Categories A, B and C. *(Attach completed CERB)* Yes No
2. Which examination process have you completed? (attach official record of examination results)
 Examination or Architects in Canada (ExAC) or Architect Registration Exam (ARE)

UNDERTAKINGS

1. If I am granted a license to practice architecture in the Province of Newfoundland and Labrador, I shall conduct myself in accordance with the requirements of the Architects Act 2008, and the associated Regulations, By-laws, and Code of Ethics, and the requirements of the Newfoundland and Labrador Association of Architects to the extent their requirements are not at variance with the Act.
2. If I am granted a license, I understand any professional stamp given to me remains the property of the Board and I will return it immediately to the Board upon request. *(See **Limited Copyright License for Architectural Professional Seal or Stamp** included with this application for your signature and return.)*
3. Before I practice architecture, I will familiarize myself with the requirements of the Newfoundland and Labrador Fire and Life Safety Guidance Document and the provincial Building Accessibility Act.
4. Until such time as I am granted a license, I shall not provide architectural services for projects intended to be in the Province of Newfoundland and Labrador.

PAYMENT METHODS

Cheque e-Transfer Pre-Authorized Payment **(NO CREDIT CARDS ACCEPTED)**

Application Fee:	\$1,500.00
ALBNL License Fee:	\$818.00
NLAA Membership Fee	\$808.00
ALBNL Professional Seal Fee <i>(Note: \$100.00 is refundable when the license expires, and seal is returned to ALBNL)</i>	\$250.00
NLAA Standard Contracts one-time Levy	\$185.00
Sub-Total:	\$3,561.00
15% Harmonized Sales Tax	\$534.15
Total Payable in Canadian Funds:	\$4095.15

CONTINUING EDUCATION

- Your license is also subject to proof of continuing education. The ALBNL requirements for Con Ed can be found at <http://www.albnl.com/documents/the-board/policies-and-guidelines-adopted-by-the-board/continuing-education-requirements/>.

- To ensure Architects licensed in multiple jurisdictions in Canada do not record their Continuing Education (CE) activities on multiple transcripts (unless they prefer to do so), included in this application is a **Primary Continuing Education Reporting Jurisdiction Declaration**. Please complete, and return with your license application. The ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance.

ARCHITECTURAL SEAL OR STAMP

Indicate below your preference how your first name followed by your surname should appear on the professional seal, should you be granted a license.

Name (Please Print)

APPLICANT'S SIGNATURE AND WITNESS OF SIGNATURE REQUIRED

SIGNATURE:

DATE:

WITNESS SIGNATURE: *(please print & sign)*

DATE:

Primary Continuing Education Reporting Jurisdiction Declaration Form

To ensure Architects, who are licensed in multiple jurisdictions in Canada, do not record their Continuing Education (CE) activities on multiple transcripts (unless they prefer to do so), this form was developed to allow ALBNL License Holders outside of Newfoundland and Labrador the opportunity to record their CE activities on a transcript in a Province/Territory of their choice other than Newfoundland and Labrador or their home jurisdiction. Upon receipt of the completed Declaration Form, the ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance.

Below is a listing of organizations to which this opportunity applies.

I wish to designate one of the following as my Primary CE Program Reporting Jurisdiction:

	Architects' Association of Alberta (AAA)
	Architects' Association of New Brunswick (AANB)
	Architects' Association of Prince Edward Island (AAPEI)
	Architectural Institute of British Columbia (AIBC)
	Manitoba Association of Architects (MAA)
	Northwest Territories Association of Architects (NWTAA)
	Nova Scotia Association of Architects (NSAA)
	Ontario Association of Architects (OAA)
	Ordre des architectes du Québec (OAQ)
	Saskatchewan Association of Architects (SAA)

I confirm to the ALBNL that:

1. I am a registered/licensed member of the Primary CE Reporting Jurisdiction noted above. (Registration/License # _____).
2. I am solely responsible for complying with the continuing education requirements of the primary CE Reporting Jurisdiction.
3. I authorize my Primary CE Reporting Jurisdiction to release to the ALBNL information that is relevant to my compliance with their continuing education program.
4. I recognize that I must comply with the Primary CE Reporting Jurisdictions requirements specified by the primary jurisdiction.
5. I recognize that information falsely reported in another Province/Territory will be recorded as non-compliance with the ALBNL's CE Program which may lead to potential disciplinary action.

Name Printed: _____

Signature: _____

Date: _____

LIMITED COPYRIGHT LICENSE FOR ARCHITECTURAL SEAL OR STAMP

The Architects Licensing Board of Newfoundland and Labrador (“**ALBNL**”) hereby grants to the undersigned architect (the “**Architect**”) a limited, revocable, personal, non-exclusive and non-transferable license to use the seal or stamp, and to reproduce the design and literary elements of the seal or stamp (the “**Design**”), which is issued to the Architect pursuant to the *Architects Act (2008)* (Newfoundland and Labrador) (the “**Act**”) and accompanying *Architects Regulations* (Newfoundland and Labrador) (the “**Regulations**”) (the “**License**”) subject to the following terms and conditions:

1. **Term.** The License shall remain in effect provided the Architect continues to hold a valid and unexpired license pursuant to the Act and Regulations and provided that ALBNL has not otherwise revoked this License. Upon the expiration or invalidity of the Architect’s license, this License shall terminate forthwith, and the Architect shall return the seal or stamp to ALBNL immediately.
2. **Limitations on License.** The License shall be limited by all terms and conditions which restrict and govern the use of the Design including, without restriction, use the seal or stamp pursuant to the Act, the Regulations or the ALBNL By-Laws made pursuant to section 9 of the Act.
3. **All rights reserved.** ALBNL and, if applicable, ALBNL’s licensors, reserve all right, title and interest to and in the Design not expressly granted under the License, including all intellectual property rights existing under any laws, including copyright law, trademark law, unfair competition law, patent law and other proprietary laws, and any and all applications, renewals, extensions and restorations of any rights pursuant to any of the foregoing laws, now or hereafter in force or effect worldwide. For greater certainty, the Architect is not granted any ownership right or interest to the Design or any of its components under the License, including without restriction to the seal or stamp itself.
4. **License Restrictions.** Notwithstanding the generality of the foregoing provisions, the Architect shall not:
 - a. Reproduce, duplicate, copy, modify, create derivate works from, distribute, publicly display, or publicly perform, the Design contrary to the terms and conditions of this License.
 - b. Sell, resell, rent, lease, or transfer or sub-license the Design to a third party.
 - c. Use the Design for service bureau or time-sharing purposes or in any other way allow third parties to exploit the Design; and
 - d. Modify, remove, conceal from view, or attempt to modify, remove, or conceal from view, any trademark, certification mark, copyright notice, or other notice of intellectual property rights of ALBNL or ALBNL’s Licensors displayed in the course of the Architect’s use of the Design.

I, _____, the undersigned Architect, agree to comply with the foregoing terms and conditions of the License.

Date:

ARCHITECT NAME:
[Please Print]

ALBNL USE		
Name of Architect:	License #	
• Date Application was initially received by the ALBNL: (M/D/Y):		
• Confirmation of Application Materials Received:		
• Completed Application Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Professional Liability Insurance Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Letter from Insurance company indicating the company is licensed in the Province of Newfoundland and Labrador	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Confirmation of License/Registration Form from home jurisdiction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Fees Payment Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registrar's Recommendation	Date	
Board's Decision	Date	
Applicant Notified	Date	
New License Number		
Professional Seal or Stamp Ordered	Date	
Newfoundland and Labrador Association of Architects notified	Date	
<i>Notes, Comments, and Other Research</i>		