A L B N L ARCHITECTS LICENSING BOARD OF NEWFOUNDLAND AND LABRADOR

P.O. BOX 5204, ST. JOHN'S, NL, CANADA, A1C 5V5 TEL (709) 597-8550 / albnl@albnl.com / www.albnl.com

APPLICATION FOR LICENSE
FOR ARCHITECTS LICENSED / REGISTERED IN CANADA

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

PROCESSING: All sections of the application must be completed in full. Please allow 2-3 weeks for processing from the date of receipt to approval.

LICENSE HISTORY: Indicate license status in all jurisdictions where a license is currently held or previously held. Identify any license not currently in good standing and provide details including foreign memberships. Attach supplementary sheets if necessary.

License Term: January 1st to December 31st of each calendar year.

CONFIRMATION OF REGISTRATION / LICENSE: Please have your resident Association complete and forward to the ALBNL a Confirmation of Registration/License. Processing of your application will only proceed after receipt of this completed and certified form directly from the Licensing Authority.

FEES: Required fees **must** accompany your completed application. The application will not be reviewed until the License Fees are received.

PROFESSIONAL INSURANCE: A precondition for being granted a license and renewing a license the Architect must provide the ALBNL with a Certificate of Insurance indicating they have obtained insurance against errors and omissions. The requirements for this insurance are:

- The policy must name the Architect as the insured.
- The policy must have a liability limit of not less than $250,000 a claim and have an aggregate total of $500,000 in a year. The policy must contain a requirement to notify the Board immediately upon cancellation or expiration of the policy. A 30 days written notice to the Certificate Holder is required.
- If an Architect decides to directly supervise a firm, (Section 13(2) of the Act) it is a precondition that the Architect provide the Board with a Certificate of Insurance indicating that the firm has also obtained insurance. Insurance requirements for firms are the same as those for Architects.
- The Insurance Company must be registered with the Province of NL. https://www.gov.nl.ca/gs/insurance/licences-valid/

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APPLICANT INFORMATION

LEGAL NAME: *(Please Print):*

HOME:

Mailing Address:

Telephone:

E-Mail:

BUSINESS:

Mailing Address:

Telephone:

Work E-Mail:

Preferred Mailing Address ☐ Home ☐ Business

Mailing Address to be published on the Website ☐ Yes ☐ No

Language: ☐ English ☐ Other
Specify Other:

Date of Birth (M/D/Y):

LICENSE HISTORY (use supplementary sheets if necessary)

1. Jurisdiction name for 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?

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 which may be relevant to your suitability to practice architecture? ☐ Yes ☐ No

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

10. a. Have you ever been found guilty of professional misconduct or incompetence? ☐ Yes ☐ No

and / or

b. Is your conduct or competence presently the subject of proceedings? ☐ Yes ☐ No

11. Was your conduct or competence under review at the time of your resignation or cancellation? ☐ Yes ☐ No

12. Have you been issued a license in any jurisdiction which is subject any terms, conditions or limitations? ☐ Yes ☐ No

If you answered "yes" to any of the questions above, provide dates and details of the situation on a supplementary sheet. Include also the result of any appeals.

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

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: 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 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

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:	**$843.00**
NLAA Membership Fee	**$832.00**
ALBNL Professional Seal Fee ***(Note: $100.00 is refundable when the license expires, and seal is returned to ALBNL)***	**$250.00**
NLAA Standard Contracts one-time Levy	**$185.00**
Sub-Total:	**$3,610.00**
15% Harmonized Sales Tax	**$541.50**
Total Payable in Canadian Funds:	**$4,151.50**

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, who are licensed in multiple jurisdictions in Canada, do not record their CE activities in multiple jurisdictions, the ALBNL has developed a form to allow ALBNL license Holders to record their CE activities on a transcript in a Province, Territory or U.S. jurisdiction of their choice. Upon receipt of the completed Declaration Form, and at the completion of a CE cycle, 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:

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Primary Continuing Education Reporting Jurisdiction Declaration Form

To ensure Architects, who are licensed in multiple jurisdictions in Canada, do not record their CE activities in multiple jurisdictions, the ALBNL has developed a form to allow ALBNL license Holders to record their CE activities on a transcript in a Province, Territory or U.S. jurisdiction of their choice. Upon receipt of the completed Declaration Form, and at the completion of a CE cycle, the ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance.

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 architects du Québec (OAQ)
	Saskatchewan Association of Architects (SAA)
	Other (please name)

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 and any other regulated mandatory requirements.
3. I authorize my Primary CE Reporting Jurisdiction to release to the ALBNL information that is relevant to my compliance with their CE program.
4. 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: _____

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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:	**New License #**	
• Date Application was initially received by the ALBNL: (M/D/Y):		
Confirmation of mandatory documents/fees payment:		
• Completed Application Form	☐ Yes	☐ No
• Professional Liability Insurance Certificate	☐ Yes	☐ No
• Confirmation of License/Registration Form from home jurisdiction	☐ Yes	☐ No
• Payment of Fees	☐ Yes	☐ No
Registrar's Recommendation	Date	
Board's Decision	Date	
Applicant Notified	Date	
Professional Seal or Stamp Ordered	Date	
Newfoundland and Labrador Association of Architects notified	Date	
Notes, Comments, and Other Research		