

Legal Name of Applicant (As it appears on the submitted Government issued photo identification)

Date of Application

**NOTICE: APPLICATION MUST BE OF CURRENT YEAR.
NO PART OF THIS APPLICATION SHALL BE DATED MORE THAN 60 DAYS FROM THE APPLICATION DATE.
FAILURE TO COMPLETE OR INCLUDE ALL DOCUMENTATION WILL RESULT IN PROCESSING DELAYS.**

AAA MEMBERSHIP:

1. Visiting Project Architect applicants must apply to the Council in writing and provide the following:
 - (a) the applicant's full name and contact information;
 - (b) evidence that the applicant is
 - (i) a registered member in good standing with a professional association, and
 - (ii) entitled to practise architecture in another jurisdiction that possesses standards of registration, licensing and professional practice acceptable to the Council;
 - (c) the name and location of the project;
 - (d) the name of the Alberta Registered Architect with whom the applicant will be collaborating;
 - (e) a letter signed by the collaborating Architect describing the responsibilities that will be allocated to the applicant and to the Registered Architect, the fees that will be paid to the Registered Architect and an acknowledgement that the Registered Architect will collaborate with the applicant and be responsible for the matters allocated to the Registered Architect'
 - (f) the estimated length of the design and construction period for the project;
 - (g) the warranty period for the project;
 - (h) any other information that is noted in the application or may be required on by the Council;
 - (i) all fees, dues and levies as applicable to the application.

1 - APPLICATION ATTACHMENT CHECKLIST:

- Copy of current Government issued photo identification
- Current Curriculum Vitae / Resume (**current** copy attached)
- If available - Copy of Confirmation of Registration (if currently registered in Canada) or the NCARB Certificate of Record
- Agreement between Visiting Project Architect and Collaborating Architect
- Declarations complete, signed and sealed
- Identification Photograph:
 1. Affixed, signed and dated
 2. Sealed and Stamped by Notary Public or Commissioner of Oaths
- Payment in full attached

FOR OFFICE USE ONLY

Application Approved: Yes No

AAA ID#: _____

Date of Approval: _____

Registrar: _____
Signature



2 - IDENTIFICATION:

Have you been previously registered? Yes No If yes, ID#: _____

Salutation: Miss Ms. Mrs. Mr. Other _____

Name: _____
(Surname) (First) (Middle)

Date of Birth: _____ Country of Origin: _____
(mm/dd/yy)

Residence: Address: _____
(Street)

(City) (Province) (Postal Code)
Phone: _____ Fax: _____ Email: _____

Business: Company Name: _____
Address: _____
(Street)

(City) (Province) (Postal Code)
Phone: _____ Fax: _____ Email: _____

Attach a copy of a Government Issued Photo Identification

NOTE: All correspondence will be mailed to residence.

3 - CURRENT REGISTRATION/LICENCE:

1. Are you currently registered/licensed in another Canadian Province? Yes No

a) If Yes, indicate your province(s) of registration/licensure: _____

b) Include a Confirmation of Registration from your home jurisdiction.

2. Are you currently registered/licensed in the U.S. with a state signatory to the Canada/U.S. Mutual Recognition Agreement (MRA) that came into effect January 1, 2014 and hold a valid NCARB Certificate of Record?

Yes No

a) If Yes, indicate your state(s) of registration/licensure: _____

b) Include or request NCARB to forward, your Certificate of Record.

4 - CURRICULUM VITAE/RESUME:

CURRICULUM VITAE/RESUME (attach your most recent copy)

5 - EDUCATION HISTORY:

Provide particulars of professional education: (attach copies of Degrees/Diplomas)

Institution:	Degree/Diploma Received:	Dates of Attendance:	Date Degree or Diploma Received:

6 - LICENCE HISTORY: (use supplementary sheets if necessary and if answering 'yes' to questions 4 to 11)

1. Jurisdiction in which **first** Licence was issued:

Jurisdiction	Licence Number	Date Licence Issued

2. List all other jurisdictions in which you **currently** hold a Licence:

Jurisdiction	Licence Number	Date Licence Issued

3. List details of all other jurisdictions in which you **previously** held a Licence:

Jurisdiction	Licence Number	Date Licence Issued	Date Resigned/Cancelled	Reason Resigned/Cancelled

4. Have you ever been denied a Licence? Yes No
5. Has your Licence ever been suspended or revoked? Yes No
6. Has your Licence ever been cancelled? Yes No
7. Have you ever been convicted of an offence relevant to your suitability to practice architecture? Yes No
8. Have you ever been found guilty of professional misconduct or incompetence? **and/or** Yes No
9. Is your conduct or competence presently the subject of proceedings? Yes No
10. Was your conduct or competence under review at the time of your resignation or cancellation? Yes No
11. Have you been issued a Licence in any jurisdiction which is subject to any Terms, Conditions or Limitations? Yes No



7 - COLLABORATING ARCHITECT IDENTIFICATION:

AAA ID #: _____ Salutation: Miss Ms. Mrs. Mr. Other: _____

Name: _____
(Surname) (First) (Middle)

Date of Birth: _____ Country of Origin: _____
(mm/dd/yy)

Residence: Address: _____
(Street)

(City) (Province) (Postal Code)

Phone: _____ Fax: _____ Email: _____

Business: Company Name: _____

Address: _____
(Street)

(City) (Province) (Postal Code)

Phone: _____ Fax: _____ Email: _____

8 - PROJECT INFORMATION: (use supplementary sheets if necessary)

1. Project Name: _____ ('the Project')

2. Project Description: (name of project, building type, size or other descriptions, as applicable)

3. Scope of Services of VPA (Applicant): (description of duties and responsibilities on the Project)

4. Scope of Services of Collaborating Architect: (description of duties and responsibilities on the Project)

8 - PROJECT INFORMATION continued: (use supplementary sheets if necessary)

5. **Construction Costs:** (excluding compensation of the architect and architect's consultants, the cost of the land, or other costs which are the responsibility of the client)
-

6. **Collaborating Architect's Fees:** (list fees to be paid to the collaborating architect on the Project)
-

7. **Project Dates:**

a. Commencement Date of Services: MONTH _____ DAY _____ YEAR _____

b. Projected Completion Date of Project: MONTH _____ DAY _____ YEAR _____

c. Projected Completion Date of Services: MONTH _____ DAY _____ YEAR _____

d. The Applicant is required to provide a brief report regarding the project status and construction cost with each annual submission of VPA dues.

8. **Copy of Agreement between Applicant (VPA) and Collaborating Architect attached**

The Collaborating Architect's scope of work may include some or all of the following:

- a. Assistance with the bidding process.
- b. Review of design and construction drawings, review structural/electrical/mechanical design intent.
- c. Represent client locally, provide design comment, coordination of applications for approvals.
- d. Site services.
- e. General appraisal of work in progress at prescribed intervals.
- f. Attendance at partnering session meetings by architectural project manager.
- g. Attendance at site meetings for the construction period by architectural manager. In conjunction with each of the site meetings, a site review and report will be done.
- h. Attendance at site meetings by members of the engineering team during the phase of the project that affects their discipline.
- i. Review documentation for conformity with bylaws, Alberta Building Standards and Zoning and submission for permits.
- j. Issuance of all certificates and contract administration.

9. **Acknowledgment Letter from Client -**

Attach a letter from the client outlining and acknowledging that they are aware and accept the Visiting Project Architect's scope of services and the Collaborating Architect's scope of services for the Project.

IMPORTANT NOTICE:

1. **The VPA Licence must be kept in force for ONE YEAR following completion of the project (annual dues will apply).**
2. **The Applicant must apply for a separate Visiting Project Architect Licence for EACH separate project.**
3. **The Applicant shall not provide architectural services prior to receiving a Visiting Project Licence in accordance with the *Architects Act*.**

9 – IDENTIFICATION PHOTOGRAPH:

An identification photograph must be submitted with the application for registration and certified by a Notary Public or Commissioner of Oaths.

*Affix
Photograph
Here*

Signature

Month / Year of Photograph

PHOTO REQUIREMENTS

1. One passport-size photograph (2" x 3").
2. Taken within the past twelve (12) months.
3. Following data must be placed under the photograph where indicated:
 - a. your signature;
 - b. month and year photo was taken.

Identification Information of Notary/Commissioner:

Last Name: _____ First Name: _____

Occupation: _____ Name of Organization: _____

Business Address: _____
(Street) (City) (Province) (Postal Code)

Phone: _____ Fax: _____ Email: _____

For completion by Notary Public or Commissioner of Oaths:

I DECLARE the above photograph is a true likeness of: _____
(Legal Name of Applicant)

CERTIFIED BEFORE ME in the CITY/TOWNSHIP OF _____
 _____ in THE
 PROVINCE OF _____ *Affix Seal Here*

on _____ of _____, 20____.
(DAY) (MONTH) (YEAR)

NOTE: The declaration must be signed and sealed / stamped by a Notary Public or Commissioner of Oaths to be accepted by The Alberta Association of Architects.

10 - DECLARATIONS: (Page 1 of 2)

CONSENT TO DISCLOSURE – PROFESSIONAL REGULATORY BODIES

I hereby provide consent to The Alberta Association of Architects (the “AAA”) to disclose to the professional regulatory bodies governing architecture in each jurisdiction in Canada, any present and future information respecting my registration with the AAA. This includes, but is not limited to, particulars of my registration status, Visiting Project Architect status, practice review or discipline proceedings and contact information (address, telephone number and email address), provided always that such disclosure is conducted for purposes relative to national professional registration/licensure and in accordance with the AAA Privacy Policy.

Visiting Project Architect Applicant Signature

Date

APPOINTMENT OF ADDITIONAL ADMINISTRATOR

*Optional

In order to facilitate timely and efficient administration of my professional development activity:

I hereby appoint _____ (Email): _____, to act as an additional administrator of my professional development portfolio with the AAA. I authorize the AAA to provide the above named individual with information pertaining to my professional development registration and reporting and to act on instruction from this individual as it pertains to my activity.

I understand that by notifying the AAA in writing, I may rescind this individual's authorization or change the named authorized person at any time.

Visiting Project Architect Applicant Signature

Date

11 – DECLARATIONS continued: (Page 2 of 2)

CONSENT DECLARATION (To be signed by the Visiting Project Architect Applicant)

In consideration of the services to be rendered by *The Alberta Association of Architects (AAA)*, I hereby release, discharge and exonerate the AAA from any and all liability of every nature and kind arising out of the transmission of information concerning the application.

If this application is approved by the Council, I DO SOLEMNLY DECLARE:

THAT as a member of *The Alberta Association of Architects*, I will be governed and bound by the *Architects Act*, General Regulations and Bylaws made there under and will submit myself to every part thereof, and to any alterations thereof which may hereafter be made until I have ceased to be a member of the AAA;

THAT I have read thoroughly and have acquired detailed knowledge of The Alberta Association of Architects' *Architects Act*, General Regulations and Bylaws;

THAT the facts set out in this application are complete, true and correct in every particular;

THAT I will acquire detailed knowledge of other regulations and conditions pertaining to the Practice of Architecture in the Province of Alberta as may be required to perform my professional responsibilities.

AND I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath and by virtue or "The Canada Evidence Act";

I HEREBY MAKE APPLICATION for registration as a Visiting Project Architect with the AAA.

Visiting Project Architect Applicant Signature

Date

CONSENT DECLARATION (To be signed by the Registered Collaborating Architect)

If this application is approved by the Council, I DO SOLEMNLY DECLARE:

THAT as a member of *The Alberta Association of Architects (AAA)*, I will be governed and bound by the *Architects Act*, General Regulations and Bylaws made there under and will submit myself to every part thereof, and to any alterations thereof which may hereafter be made until I have ceased to be a member of the AAA;

THAT I will collaborate with the Visiting Project Architect Applicant contained herein on the project described within;

THAT the facts set out in this application are complete, true and correct in every particular;

THAT I acknowledge that if the Visiting Project Architect Applicant fails to provide professional services within the defined project, I, the Collaborating Architect will be held responsible;

AND I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath and by virtue or "The Canada Evidence Act";

Collaborating Architect Signature

Date

12 - FEES & DUES:

FULL PAYMENT in Canadian funds must accompany this application.

Visiting Licences Annual Dues: (select applicable amount)

Cost Level	Construction Cost up to	Annual Dues	5% GST	Total Annual Dues
1	\$ 300,000.00	\$ 1,205.00	\$ 60.25	\$ 1,265.25
2	\$ 600,000.00	\$ 1,300.00	\$ 65.00	\$ 1,365.00
3	\$ 1,200,000.00	\$ 1,420.00	\$ 71.00	\$ 1,491.00
4	\$ 2,000,000.00	\$ 1,535.00	\$ 76.75	\$ 1,611.75
5	\$ 3,000,000.00	\$ 1,675.00	\$ 83.75	\$ 1,758.75
6	\$ 5,000,000.00	\$ 1,850.00	\$ 92.50	\$ 1,942.50
7	\$ 10,000,000.00	\$ 2,470.00	\$ 123.50	\$ 2,593.50
8	\$ 20,000,000.00	\$ 3,710.00	\$ 185.50	\$ 3,895.50
9	\$ 50,000,000.00	\$ 4,950.00	\$ 247.50	\$ 5,197.50
10	\$ 50,000,000.00+	\$ 6,180.00	\$ 309.00	\$ 6,489.00

Payment to include the following:

Registration Fee \$ 355.00
 Annual Dues* \$ _____
 Subtotal \$ _____
 GST (5%)..... \$ _____
TOTAL..... \$ _____

***NOTE:** The annual dues amount for applications received after July 1st of each year are reduced to half (-50%) for that year’s annual dues payment. The one-time registration fee remains in full (100%).

Please direct your application along with the payment to the *Registration Department* and submit via email to registration@aaa.ab.ca or post to the AAA office at:

The Alberta Association of Architects
10515 Saskatchewan Drive
Edmonton, Alberta T6E 4S1

Method of Payment: VISA MasterCard Cheque

For VISA or MasterCard, please provide the following details:

Card Number: _____
 Expiry Date: _____
 Name of Cardholder: _____
 Signature: _____

The Alberta Association of Architect GST Registration Number: 10669 2601

- NOTE:**
- The registration fee is Non-refundable.
 - Registration fees and annual dues for VPA Membership are NOT pro-rated
 - Annual dues are payable upon application and on or before December 15 in each year for the following calendar year.

Inquiries may be directed to Registration@aaa.ab.ca or 780.432.0224.

13 – CERTIFICATE OF COMPLETION:

NOTE: PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

Certificate to be returned to the AAA office AFTER project completion.

**CERTIFICATE OF COMPLETION
Visiting Project Architect**

I, _____, being registered with The Alberta Association of Architects (the 'Association') as a Visiting Project Architect (VPA), Member # _____ with respect to _____ (the 'Project'), hereby declare as follows:

1. The Project was completed on _____ and the warranty period for the Project expired on _____. Accordingly, effective _____, I am no longer required to maintain my registration as a Visiting Project Architect in Alberta.
2. I request that the Association cancel my registration effective _____.
3. **Select applicable option for item 3:**
 - I am returning the Visiting Project stamp to the Association. **OR**
 - After due effort I am unable to locate the Visiting Project stamp provided upon registration with the Association. I am of the belief that the stamp has been lost or destroyed. If the stamp is located at a later date, I will ensure that it is immediately destroyed or returned to The Alberta Association of Architects.

Dated this _____ day of _____, 20_____.

Signature of Visiting Project Architect

.....
I confirm the information respecting Project completion and warranty as noted above.

Printed name of Collaborating Architect

Signature of Collaborating Architect