

**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 Interior Designer applicants must apply to the Council in writing and provide the following:
  - (a) the applicant's full name and contact information;
  - (b) the name and location of the project;
  - (d) the name of the Alberta Registered Architect/Licensed /Interior Designer with whom the applicant will be collaborating;
  - (e) a letter signed by the collaborating Registered Architect/Licensed /Interior Designer describing the responsibilities that will be allocated to the applicant and to the Registered Architect/Licensed /Interior Designer, the fees that will be paid to the Registered Architect/Licensed /Interior Designer and an acknowledgement that the Registered Architect/Licensed /Interior Designer will collaborate with the applicant and be responsible for the matters allocated to the Registered Architect/Licensed /Interior Designer;
  - (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)
- Agreement between Visiting Project Interior Designer and Collaborating Architect/Licensed Interior Designer
- 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 jurisdiction?  Yes  No

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

**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:



7 - COLLABORATING ARCHITECT/LICENSED INTERIOR DESIGNER IDENTIFICATION:

AAA ID #: \_\_\_\_\_ Salutation:  Miss  Ms.  Mrs.  Mr.  Other: \_\_\_\_\_

Name: \_\_\_\_\_ (Surname) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

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

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 VPID (Applicant): (description of duties and responsibilities on the Project)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Scope of Services of Collaborating Architect/Licensed Interior Designer: (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)
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6. **Collaborating Architect/Licensed Interior Designer's Fees:** (list fees to be paid to the collaborating architect/Licensed Interior Designer on the Project)
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7. **Project Completion 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 (VPID) and Collaborating Architect/Licensed Interior Designer attached**  
The Collaborating Architect/Licensed Interior Designer'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 Interior Designer's scope of services and the Collaborating Architect/Licensed Interior Designer's scope of services for the Project.

**IMPORTANT NOTICE:**

1. **The VPID 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 Interior Designer Licence for EACH separate project.**
3. **The Applicant shall not provide 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*

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Signature

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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 \_\_\_\_\_  
on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
(DAY) (MONTH) (YEAR)

*Affix Seal Here*

**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 Interior Designer 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 Interior Designer Applicant Signature

\_\_\_\_\_  
Date

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**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 Interior Designer Applicant Signature

\_\_\_\_\_  
Date

**11 – DECLARATIONS continued: (Page 2 of 2)**

**CONSENT DECLARATION (To be signed by the Visiting Project Interior Designer 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 of "The Canada Evidence Act";

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

\_\_\_\_\_  
Visiting Project Architect Applicant Signature

\_\_\_\_\_  
Date

**CONSENT DECLARATION (To be signed by the Registered Collaborating Architect/Licensed Interior Designer)**

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 Interior Designer 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 Interior Designer 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 of "The Canada Evidence Act";

\_\_\_\_\_  
Collaborating Architect/Licensed Interior Designer Signature

\_\_\_\_\_  
Date

**12 - FEES & DUES:**

**FULL PAYMENT in Canadian funds must accompany this application.**

**Visiting Licenses 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%).....	\$ _____
<b>TOTAL.....</b>	<b>\$ _____</b>

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

**Method of Payment:**     VISA                                     MasterCard                                     Cheque

**For VISA or MasterCard, please provide the following details:**

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by cheque, make payable to:    **The Alberta Association of Architects**  
**10515 Saskatchewan Drive**  
**Edmonton, Alberta T6E 4S1**

The Alberta Association of Architect GST Registration Number: 10669 2601

**NOTE:**

- The Registration fee is non-refundable.
- Full payment of annual dues for are payable at the time of registration.
- Yearly annual dues are payable on or before December 15 in each year for the following calendar year.

**APPLICATION SUBMISSION AND INQUIRIES**

**Submit your application via post to the AAA office or via email:**

[Registration1@aaa.ab.ca](mailto:Registration1@aaa.ab.ca) (if first letter of your last name falls within A-L)

[Registration2@aaa.ab.ca](mailto:Registration2@aaa.ab.ca) (if first letter of your last name falls within M-Z)

**Inquiries may also be directed to the appropriate email address above or by phone 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 Interior Designer**

I, \_\_\_\_\_, being registered with The Alberta Association of Architects (the 'Association') as a Visiting Project Interior Designer (VPID), 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 Interior Designer 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 Interior Designer

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

\_\_\_\_\_  
Printed Name of Collaborating Architect/Licensed Interior Designer

\_\_\_\_\_  
Signature of Collaborating Architect/Licensed Interior Designer