



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

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APPLICATION FOR REINSTATEMENT

APPLICANT: (Please Type or Print)

NAME IN FULL: _____
(Surname) (First Name) (Initial)

HOME ADDRESS: _____
(Street) (City) (Province) (Postal Code)

EMPLOYMENT: _____
(Firm Name)

(Street) (City) (Province) (Postal Code)

HOME TEL: _____ BUS. TEL: _____ FAX TEL: _____

ADDRESS FOR CORRESPONDENCE: Business Residence

E-MAIL ADDRESS: _____

GENDER: Male Female

LANGUAGES: English French Other _____
(Please Specify)

REINSTATEMENT (please answer the following questions)

1. When did you resign and why:

2. What are you reasons for requesting Reinstatement:

3. Have you maintained current knowledge of Architectural practice in British Columbia? (explain; attach a current resume)

4. List all other jurisdictions (with registered number and date acquired) in which you currently hold or have previously held a registration to practise architecture:

.....
Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

.....

OATH (Bylaw 9):

If my application is accepted, I will subscribe to the following declaration:

“Solemnly do I declare that having read and understood the Act of the Architectural Institute of British Columbia, its Bylaws and Regulations, and having passed the examinations, I am eligible for membership. Further do I announce that I will uphold professional aims, and the art, and the science, of architecture and thereby improve the environment. I also accept with obligation the need to further my education as an architect. I promise now that my professional conduct as it concerns the community, my work, and my fellow architects will be governed by the ethics and the tradition of this honourable and learned profession.”

.....

DECLARATION:

“The applicant understands and acknowledges that the AIBC will compile and evaluate a record with respect to all aspects of the applicant’s career. The applicant agrees to provide any additional information in connection with the investigation as may be required by the AIBC. The applicant understands and acknowledges that any materials received by the AIBC in its investigation may be disclosed by the AIBC to Architectural Registration Boards of Provinces or States (or other authorities licensing architects). The applicant hereby authorizes the AIBC to disclose the applicant’ record and all other relevant information obtained in the course of its investigation to Architectural Registration Boards, Provinces or States (or other authorities licensing architects).

In consideration of the services to be rendered by the AIBC, the applicant hereby releases, discharges and indemnifies the AIBC’s directors, officers and agents from any and all liability of every nature and kind arising out of the disclosure of information concerning the application.”

The undersigned, being duly sworn upon oath, deposes and says that he/she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

I _____, swear that all the statements contained in the application are true.
(applicant)

DECLARED before me at the

City of _____

in the Province of _____

this _____ day of _____, 20____. _____
(Lawyer or Notary Public)

.....

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. Photo id form
2. Resume / work history
3. Confirmation of registration (if applicable)

PAYMENT INFORMATION: (Please check off the appropriate square)

Cheque VISA Mastercard Debit

Name of Card Holder: _____

Account #: _____

Expiry Date: _____ Signature of Cardholder: _____

Annual Fee: please refer to pro-rated annual fee schedule

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