

## CONFIRMATION OF REGISTRATION/LICENCE

**Instructions:** Please complete only your name and forward the form to the Provincial/State Licensing Authority with which you are currently registered in order that they may complete and forward it directly to the AIBC. The submission of this form is an integral part of your Application for Registration and the processing of your application will proceed only after the completed form is received.

Name of Applicant: \_\_\_\_\_

for submission to **The Architectural Institute of British Columbia** \_\_\_\_\_

I certify that the records of the \_\_\_\_\_  
(Name of Licensing Authority)

show that the above named applicant:

1. Was first registered/licensed as an Architect on \_\_\_\_\_

Registration/Licence Number \_\_\_\_\_

Member registration/licence history attached (*include discontinuous membership*) Yes  No

2. (a) Now holds a valid registration/licence which expires on:  
\_\_\_\_\_ (*Month/Year*) unless renewed by \_\_\_\_\_.

(b) Held a valid registration/licence which expired on \_\_\_\_\_ (*Month/Year*)

3. CACB Certification Number: \_\_\_\_\_

4. Was granted the above registration/licence based upon:

(a) Fulfillment of registration/licence requirements (*indicate upon which basis applicant was registered/licensed*)

Education  Written and/or Computer Administered Examination  
 Experience  Oral Examination

(b) Reciprocity with the Province/State of \_\_\_\_\_

ii) NCARB Certification Number \_\_\_\_\_

iii) Exemption: (*include upon which basis applicant was registered/licensed*)

Education  Written and/or Computer Administered Examination  
 Experience  Oral Examination

5. Has a record of disciplinary action on the file with this Registration/Licensing Authority:

Yes  (*Please explain in detail*) No

6. Is engaged with \_\_\_\_\_ in the position of:  
(*Name of Architectural Practice or Organization*)

Sole Proprietor  Corporate Director  Partner  
 Employee  Other (*Please clarify. Use separate sheet*)

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This document is certified by the authorization of the \_\_\_\_\_  
(*Name of Licensing Authority*)

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_

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

## CONFIRMATION OF EXAMINATION RESULTS

Name of Applicant \_\_\_\_\_

1. *As per Article 3.2.1 of the Reciprocity Agreement.*

If the applicant was registered/licensed **after** December 31, 1998, please complete the following:

ARCHITECT REGISTRATION EXAMINATION	
	Date Passed
Pre-Design or Pre-Design A	
General Structures or Structural Technology – General & Long Span D/F	
Lateral Forces or Structural Technology – Lateral Forces E	
Mechanical and Electrical Systems or Mechanical, Plumbing and Electrical SystemsG	
Materials and Methods or Materials and Methods H	
Construction Documents & Services or Construction Documents and Services I	
Site Planning or Site Design-Written and Graphic B	
Building Planning or Building Design C	
Building Technology or Building Design C	

OR

2. *As per Article 3.2.2 of the Reciprocity Agreement*

If the Applicant was registered/licensed **before** December 31, 1998, append examination results.

OR

3. *As per Article 3.2.3 of the Reciprocity Agreement*

If the Applicant was registered/licensed in Quebec **prior** to the French Language version of the Architect Registration Examination, please complete the following:

QUEBEC FOUR PART WRITTEN EXAMINATION	
	Date Passed

The document is certified by authorization of the \_\_\_\_\_  
(Name of Licensing Authority)

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**Licensing Authority: please forward completed originals of both sides of this form to:** Director of Registration and Licensing, Architectural Institute of British Columbia, #100-440 Cambie Street, Vancouver, BC V6B 2N5 CANADA.