

Application to Cancel Registration

Retired Architect, Intern Architect, or Architectural Technologist AIBC

<u>Submission:</u> Please submit this application by email to <u>registration@aibc.ca</u> (for Retired Architects) or iap@aibc.ca (for Intern Architects and Architectural Technologists).

- 1.1 This application Form is for Registrants of the following categories to apply for cancellation of their registration with AIBC:
 - Retired Architect AIBC
 - Intern Architects AIBC
 - Architectural Technologist AIBC
- 1.2 As indicated in Bylaw 4.84, the effective date of the cancellation of registration is the date the Registrant receives written notification confirming the effective date of the cancellation of registration. This date may or may not be the exact effective date requested in Section A below.
- 1.3 Refer to Schedule B: Fees, found in the AIBC Bylaws for applicable fees and refunds.
- 1.4 For eligibility to voluntarily cancel their registration, a Registrant must be in Good Standing, per the definition in the <u>AIBC Bylaws</u>. If any of the conditions are not met, resulting in a status of Not in Good Standing, you are advised to remedy the condition and submit this application form once in Good Standing. Note that the Continuing Education System (CES) requirements is not applicable to Retired Architects.
- 1.5 Cancellation of registration does not limit the AIBC's jurisdiction under <u>Part 6 of the Professional Governance Act</u> <u>Protection of the Public Interest with Respect to Professional Governance and Conduct.</u>
- 1.6 Refer to Bylaws 4.82 4.86 for information on voluntary cancellation of registration.
- Only Registrants are permitted to use the reserved titles prescribed to them in the Architects Regulation. Once you cancel your registration, you must not use your previous Registrant title. For more information, refer to Bylaws 4.93 4.95 Use of Titles.

	(first name)	(middle name)	(last name)
IBC #:			
EGISTRANT CATEGORY	′ :		
Retired Architect A	AIBC		
Intern Architect All	ВС		
Architectural Tech	nologist AIBC		
REASON FOR RESIGNATI	ION (Optional):		
	DATE:		
REQUESTED EFFECTIVE B. REGISTRANT DE			
B. REGISTRANT DE	CLARATION		ny registration with the AIBC
B. REGISTRANT DEBy completing this	CLARATION form, I am applying	g for the cancellation of m	ny registration with the AIBC.
B. REGISTRANT DEBy completing thisI have read, unders	CLARATION form, I am applying	g for the cancellation of m	ny registration with the AIBC.
 By completing this I have read, unders	CLARATION form, I am applying	g for the cancellation of m	

* By typing my name into the signature field, I agree that my electronic signature is the legally binding equivalent, and has the same meaning, as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

COLLECTION NOTICE

The information on this form is collected under the authority of AIBC Bylaws under the Professional Governance Act, S.B.C. 2018, c. 47. The information will be used to process your application and update the AIBC's records on the status of its applicants and Registrants. If you have questions about the collection and use of this information, please contact the AIBC's Registration & Licensing department by phone at 604.683.8588 or by email at registration@aibc.ca. As a public body under the provisions of the Freedom of Information and Protection of Privacy Act, the AIBC provides security and confidentiality of your personal information.

A. REGISTRANT INFORMATION