

Fee Waiver Application

The fee waiver administrative guidelines can be found in [Schedule N: Fee Waiver Administrative Guidelines](#) of the AIBC Bylaws.

Overview

- **Architects, Architectural Technologists, Intern Architects, and Retired Architects** may apply for a full or partial waiver if they meet the eligibility criteria.
- **In addition to individual waivers, Sole Proprietors of a firm with a Certificate of Practice or sole owners of a corporation with a Certificate of Practice** that are primarily practising through this CoP may also apply to have their annual firm fees considered.
- Income is based on projected annual gross income.

Submission

- Please submit your application by email to registration@aibc.ca to the attention of the Director of Registration and Licensing, marked Confidential Waiver Application.
- Waiver applications must be submitted **after annual fee invoices have been issued and on or before January 15** of each year.
- Fee waivers are only applicable to the annual fees for an upcoming year and must be submitted with this form.

Schedule N 1.1 Table

Application Type	Waiver or Reduction	Eligibility Criteria
Financial Hardship	Full waiver	Individual gross income below threshold. Refer to Schedule B: Fees for annual threshold.
Family Leave	<p>Partial waiver of 70% annual fee for a full year for architects.</p> <p>Full waiver for architectural technologists, intern architects, and retired architects.</p>	<p>Out of the work force on parental or family leave.</p> <p>Gross income no more than ten times the annual fee.</p>
Medical Disability	Full waiver	<p>Out of work force due to a diagnosis of medical disability.</p> <p>No annual income.</p>

Full Legal Name _____
(first name) (middle name) (last name)

AIBC ID _____

Registrant Category

- Architect
- Architectural Technologist
- Intern Architect
- Retired Architect
- Sole Proprietor of a Firm with a Certificate of Practice or sole owner of a corporation with a Certificate of Practice

Application Type

I am applying for a full or partial waiver of the annual fee in the following category and confirm that I meet the eligibility criteria in [Schedule N of the AIBC Bylaws](#).

- Financial Hardship
- Family Leave
- Medical Disability

Declaration and Undertaking

I hereby confirm that the information provided in this application is true, correct, complete, and fully reflects my situation. I undertake to provide further information if requested, and that the AIBC may process a credit check in order to verify this application. I undertake to immediately advise the Director of Registration & Licensing in writing, should this information change. I further undertake to voluntarily remit in full any fee that may be waived pursuant to this application, should my circumstances permit me to do so.

Signature Date

****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.