



**A. IDENTIFICATION**

1. Name in Full: \_\_\_\_\_  
Surname First Name Middle Name(s)
- Please check one:  Miss  Mrs.  Ms.  Mr.
- Name as it should appear on the Certificate/Seal: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_  
Street Address Apt. No.
- \_\_\_\_\_ City Province/Territory/State Country Postal/Zip Code
3. Place of Business: \_\_\_\_\_  
Firm Name
- \_\_\_\_\_ Street Suite No
- \_\_\_\_\_ City Province/Territory/State Country Postal/Zip Code
- Please check one:  Sole Proprietorship  Partnership  Corporation  Partnership of Corporations
4. Residence Tel: ( ) \_\_\_\_\_ Business Tel: ( ) \_\_\_\_\_
5. E-mail: \_\_\_\_\_

**B. COLLABORATING ARCHITECT INFORMATION**

1. Name in Full: \_\_\_\_\_  
Surname First Name Middle Name(s)
2. Place of Business: \_\_\_\_\_  
Firm Name
3. Business Tel: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**C. PROJECT INFORMATION**

1. Client Name: \_\_\_\_\_
2. Project Address: \_\_\_\_\_  
Street Suite No
- \_\_\_\_\_ City Province/Territory/State Country Postal/Zip Code

**C. PROJECT INFORMATION** (Cont.)

3. Project Description (Building type, Size, or other descriptors as applicable, use supplementary pages if needed):

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4. Scope of Services:

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5. Construction cost (if applicable): \$ \_\_\_\_\_

6. Commencement Date of Services: \_\_\_\_\_  
 dd / mm / yyyy

7. Projected Completion Date of Project: \_\_\_\_\_  
 dd / mm / yyyy

8. Projected Completion Date of Services: \_\_\_\_\_  
 dd / mm / yyyy

9. Provide (on an attached sheet of paper) any other information that may satisfy the board that you intend to practice architecture on a temporary or project specific basis.

**D. CHARACTER / PROFESSIONAL CONDUCT**

1. (a) I am currently registered, or hold a license, to practice architecture in \_\_\_\_\_.  
*(Insert name of each jurisdiction where registered or licensed)*

(b) I have requested Letters of Good Standing to be forwarded to the NSAA, from each jurisdiction where I am currently registered or licensed.

(c) Jurisdiction in which **first** Licence issued:

| Jurisdiction | Licence Number | Date Licence issued |
|--------------|----------------|---------------------|
|              |                |                     |

2. Have you ever been denied a Registration or Licence? Yes  No

3. (a) Have you ever been disciplined by any professional regulatory body? (Include reference to any discipline including Conditions or Restrictions on your Registration or Licence, Fines, Suspensions, Reprimands, or Revocations)? Yes  No

(b) Has your Registration or Licence ever been cancelled? Yes  No

4. Have you resigned your membership in any organization of architects or allowed your Registration or Licence to lapse for any reason? Yes  No

5. Are you currently charged with, or have you ever **plead guilty to**, or been convicted of, a criminal offence for which you have not been granted a pardon? Yes  No

6. (a) Have you ever been found guilty of professional misconduct or incompetence? Yes  No

(b) Is your conduct or competence presently the subject of proceedings? Yes  No

(c) Have you ever been treated for a condition which may currently compromise your ability to practice safely and ethically? Yes  No

**D. CHARACTER / PROFESSIONAL CONDUCT** (Cont.)

- 7. Have you been issued a Registration or Licence in any jurisdiction which is subject to any terms, conditions or limitations? Yes  No
- 8. Have you ever been sued, in any jurisdiction, regarding your professional practice? Yes  No
- 9. Has your conduct or competence ever been under review by any professional regulatory body? Yes  No

If you have answered “yes” to any of the above questions, use a supplementary sheet to provide **dates and details.**

Complete the applicant portions of the two copies of the attached “Appendix A - Reference Request” forms and forward to two individuals\* who can attest to you being of such good character as to safely and ethically engage in the practice of architecture.

**\* One reference must be from someone you have worked with in the practice of architecture and one reference must be from someone who has known you personally for at least two years, and neither of whom can be related to you.**

**E. PAYMENT INFORMATION**

Prescribed fee for Application for Temporary Licence is \$2,500.00 + HST (15%) for admin. fee and \$25.00 + HST (15%) for stamp fee by separate payments.

Payment can be made by either Cheque (made payable to the Nova Scotia Association of Architects), or by Credit Card. Please note your payment will be processed upon receipt and refunded in the event of non-renewal for any reason.

**F. PROFESSIONAL LIABILITY INSURANCE**

I confirm that I carry liability insurance in the minimum amount of \$250,000 per claim, with aggregate coverage of at least \$500,000, as required under Section 10 (1) of the Regulations. (Act and Regulations can be found at [www.nsaa.ns.ca/resources/governance-resources/](http://www.nsaa.ns.ca/resources/governance-resources/))

Yes  No

If No, please specify your reason for exemption under Clause 10(2) of the Regulations:

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\*Act and Regulations can be found at <http://www.nsaa.ns.ca/resources/governance-resources/> .

I confirm that if my liability insurance expires prior to December 31st of next year, I will provide a copy of the new insurance policy summary to the association.  Yes

## G. DECLARATION

I am the person making application for a temporary licence to practice architecture.

I hereby authorize the Nova Scotia Association of Architects to make such inquiries about me as it considers appropriate in connection with this application for a licence and consent to any third party releasing information to the Association in connection with this application.

I further authorize the Association to disclose information about me, including, for example, copies of this form and documents submitted in this application process to other regulatory authorities and architectural registration boards.

I have read, understood, and will abide by the provisions of:

- a. the Architects Act;
- b. Regulations under the Architects Act;
- c. Bylaws of the Association;
- d. NSAA Code of Ethics and Professional Conduct;
- e. Provincial Building Code of Nova Scotia; and
- f. Builder's Lien Act.

I understand that I have not satisfied the requirements for a licence if, in connection with this application or any past application, I have made a false or misleading representation, either because of what I have stated or what I have omitted. I understand that if I have made a false or misleading representation my licence may be revoked.

I understand this temporary licence is valid for one year (for only the project listed in this application) and I must apply for a temporary licence on (or before) the anniversary of this date up to and including the warranty period following completion of this project.

I understand that I must maintain Professional Liability Insurance, as per section 10 of the Regulations pursuant to the Nova Scotia Architects Act, up to and including the warranty period following completion of all projects. I understand that this Professional Liability Insurance must cover all work on projects in Nova Scotia during this time.

The answers I have given and the information I have provided is true, complete and without intent to mislead.

I have read, understood and signed this application. I will immediately notify the Association of any changes to any of the information contained in this application.

I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the \_\_\_\_\_, \_\_\_\_\_  
City Province/State, Country

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Witness' Name

\_\_\_\_\_  
Signature

**APPENDIX A - REFERENCE REQUEST**

**To the Applicant:** Please complete this section before submitting the form to your referee. *(Please Print)*

Full Name of Applicant: \_\_\_\_\_  
Surname Given Names Previous Name(s) (if applicable)

Full Name of Referee: \_\_\_\_\_  
Surname Given Names Previous Name(s) (if applicable)

I authorize the referee stated above to disclose to the Nova Scotia Association of Architects, information relevant to licensure which would otherwise be confidential and I agree that communication between the NSAA and the referee shall be privileged.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Referee:** The person named above has applied for licensure with the NSAA. Your early response to the questions outlined below will ensure prompt consideration of the applicant’s application. The information you provide is confidential and will not be released to the applicant or to anyone outside the NSAA, unless required by the provisions of the Fair Registration Practices Act.

1. Is the applicant related to you?  Yes  No
2. If “Yes” in what manner? \_\_\_\_\_
3. In what capacity do you know the applicant? \_\_\_\_\_  
Please provide details (ie Personal friend, Supervisor, Teacher, Minister, etc).
4. How long have you known the applicant? \_\_\_\_\_
5. If you worked with the applicant, indicate name of organization, duration, and applicant’s duties:  
\_\_\_\_\_  
\_\_\_\_\_
6. Has the applicant to your knowledge ever:
 

|  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Been the subject of a complaint or disciplinary action?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Been the subject of criminal charges?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Abused alcohol, narcotics or other drugs?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Been treated for a condition which may currently compromise the individual’s ability to practice safely and ethically? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
7. Do you know of any ethical problems relating to the practice of architecture which the applicant has demonstrated?  Yes  No
8. Is there any reason why you would not consider the applicant to have adequate knowledge, skills and judgment required to engage in the practice of architecture?  Yes  No
9. Are you aware of any aspect of the applicant’s interpersonal skills/attitude that may cause difficulties in relationships with clients, co-workers or other architects?  Yes  No
10. Have you any additional information with respect to this applicant which may affect their application for licensure in Nova Scotia?  Yes  No
11. Would you recommend this applicant for licensure without reservation?  Yes  No

If you have answered “Yes” to questions 6-10, or no to 11, please provide a written response along with this form.

\_\_\_\_\_  
Signature of Referee Date Contact Information (phone number or email address)

**Please return this form directly to the Nova Scotia Association of Architects at the address above. The form can be emailed to the number above with the understanding that the original will be mailed.**

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|--|------------------------------|-----------------------------|
| (a) Been the subject of a complaint or disciplinary action?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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