

NOVA
SCOTIA



**ASSOCIATION OF
ARCHITECTS**

Schedule "B"

Applications:

Corporate Permit

Temporary License

These applications are revised as warranted by the Board of Registration and Council

Bylaw 13.2

Application for Corporate Permit

Please Note: This application is for a business engaging in the practice of architecture in Nova Scotia. Only one Corporate Permit is issued to each entity. You must complete this form only if:

- you are the licensed architect responsible for business registrations at your Business; and
- you are either an owner, partner, officer, or director of that Business.

The following is a list of information and/or items which must be submitted with your application:



Completed Application for a Corporate Permit

Certificate of Status or confirmation of registration with the Nova Scotia Registry of Joint Stock Companies (or if **incorporated in a jurisdiction outside of Nova Scotia, confirmation of registration with that jurisdiction**) establishing that the Business is in good standing as of this date. (For a complete list of Canadian provincial business registrars, please visit: <http://www.ic.gc.ca/eic/site/cd-dgc.nsf/eng/cs01134.html>)

Certificate of Insurance (subject to Section 10 of the Regulations) demonstrating that the Business named in this application carries Professional Liability Insurance in the prescribed amount along with documentation confirming that the insurance covers all work in Nova Scotia (this may take the form of a letter from the insurer).

Certificate of Registration to establish that the Business is registered with the Nova Scotia Registry of Joint Stock Companies to carry on business in Nova Scotia. Payment for Corporate Permit Fee of \$155.25 (\$135.00 + hst) per NSAA-licensed architect employed by the business. For example, \$621.00 (\$540.00 + hst) for a business that employs 4 NSAA architects.

Number of Employed Architects: _____ Amount Enclosed: \$ _____
***See Section G-2 of this application for number of licensed architects**

Credit Card  

Credit Card #: _____

Expiry: _____ CVC _____ Postal Code _____

Cardholder Name: _____

Business Name: _____

Please be advised that:

- Upon applying to register your business with the Registry of Joint Stock Companies, the Registry will require authorization from the NSAA that the Company has made complete applications for Licensed Architect and Corporate Permit to the NSAA. The NSAA will provide this authorization upon submittal of these completed applications (with the exception of the Certificate of Registration) to the NSAA.
- Any changes in the Business (eg. owners, partners, officers, share structure, contact information, employed architects) must be reported to the NSAA within 15 days of the change.
- Nova Scotia Law requires all businesses operating in Nova Scotia to register with the Registry of Joint Stock Companies except: 1) New Brunswick corporations and NB partnerships/business names registered in New Brunswick; 2) Individuals or partners using only their personal names without a descriptive element or attachment such as 'and Associates' or 3) Partnerships whose sole purpose is farming or fishing. Those businesses not registered with the NS Registry of Joint Stock Companies are not charged a business registration fee.
- A business cannot engage in the practice of architecture in the province of Nova Scotia unless the business holds a valid Corporate Permit with the NSAA.

A. CONTACT INFORMATION

1. Name of Business: _____

2. Address for correspondence: _____
(Street) (Suite No.)

(City) (Province/Territory/State) (Country) (Postal Code)

(Phone) (Fax) (E-Mail)

3. Name of Licensed Architect completing this form: _____
(See Section D for Requirements) (Contact Name)

4. Address if different from above: _____
(Street) (Suite No.)

(City) (Province/Territory/State) (Country) (Postal Code)

(Phone) (E-Mail)

B. BUSINESS INFORMATION

1. Business Registry ID Number: _____

2. Business Registry Renewal Date: _____

3. Does the Company engage in the practice of architecture in Nova Scotia under any names other than the Company named above: Yes No

If yes:

a. is each business name registered under the Nova Scotia Partnerships and Business Names Registration Act? Yes No

b. is each business name a named insured under the Company's Certificate of Insurance? Yes No

c. does each business hold a current Corporate Permit with the NSAA? Yes No

4. Please indicate which business type you are making application for:

Sole Proprietorship - (Proceed to section C, skip sections D through F)

Corporate Entity - (Proceed to section D, skip sections C, E, and F)

Partnership - (Proceed to section E, skip sections C, D, and F)

Partnership of Corporations - (Proceed to section F, skip sections C through E)

C. SOLE PROPRIETORSHIP

**Complete this section only if your business is a sole proprietorship registered with the Registry of Joint Stock Companies.*

1. Please confirm that you are the sole owner of your business: Yes No
2. Please confirm that you are registered with the Nova Scotia Registry of Joint Stock Companies: Yes No

a. If no, please include details of reason for exemption from registration:

*** Please note that sole proprietorships that are exempt from this registration must complete this application, but will have their NSAA Business Registration fee waived.**

D. CORPORATE ENTITY

**Complete this section only if your business is a corporate entity.*

1. The total number of issued voting shares of the Company is _____.
Please note the majority of issued voting shares must be owned by one or more individuals who hold (or are currently applying for) Licensed Architect Membership with the Nova Scotia Association of Architects.
2. The persons who own issued voting shares of the Company who are licensed architects under the Nova Scotia Architects Act are:

<u>Name</u>	<u>Number of Shares</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

3. Total number of officers and directors of the Company is _____.
Please note the majority of officers and directors must be individuals who hold (or are currently applying for) Licensed Architect Membership with the Nova Scotia Association of Architects.
4. The officers and directors of the Company, licensed under the Nova Scotia Architects Act, are:

<u>Name</u>	<u>Position</u>
1. _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Both
2. _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Both
3. _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Both
4. _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Both
5. _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Both
6. _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Both

E. PARTNERSHIP

**Complete this section only if your business is a partnership.*

1. Total number of partners that own the business is _____.

***Please note all partners must be individuals who hold (or are currently applying for) Licensed Architect Membership with the Nova Scotia Association of Architects or individuals who hold Professional Engineer membership in good standing with Engineers Nova Scotia.**

2. The partners of the Company are:

	<u>Name</u>	<u>Profession</u>
1.	_____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer
2.	_____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer
3.	_____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer
4.	_____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer
5.	_____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer
6.	_____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer

***Please note a Confirmation of Good Standing from Engineers Nova Scotia must accompany this application for each partner listed above who is an Engineer.**

F. PARTNERSHIP OF CORPORATIONS

**Complete this section only if your business is a partnership of corporations.*

1. The total number of corporate partners in the Partnership is _____.

***Please note all corporate partners must be wholly owned by individuals who hold (or are currently applying for) Licensed Architect Membership with the Nova Scotia Association of Architects.**

2. The corporate partners in the partnership are:

	<u>Name of Corporate Partner</u>	<u>Name of Owner</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

***Please note each corporate partner must be registered with the Nova Scotia Registry of Joint Stock Companies, and a Certificate of Registration for each corporate partner must accompany this application in addition to the Certificate of Registration for the Partnership of Corporations completing this application.**

G. EMPLOYEE INFORMATION

1. The total number of architects employed in the business is _____.
2. The total number of architects, who are Licensed Architects of the NSAA or are currently applying for Licensed Architect membership, in the business is _____.
3. The licensed architects who will carry on the practice of architecture for or on behalf of the business in Nova Scotia, licensed under the Nova Scotia Architects Act, are:

Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

***Please use a supplementary sheet to list all employed architects if your business employs more than 6 architects.**

H. DECLARATION

I confirm that:

- a. I am applying, on behalf of the Business, for a Corporate Permit;
- b. I agree to be the contact person for the Business for the NSAA’s purposes;
- c. I am a licensed architect pursuant to the Nova Scotia Architects Act;
- d. As it relates to Professional Liability Insurance:
 - i. the Business carries 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;
 - ii. if the Company’s liability insurance expires prior to December 31st of this year, I will provide a copy of the new insurance policy summary to the association; and
 - iii. the Company’s liability insurance covers all work in Nova Scotia and it will be maintained up to and including the warranty period following completion of all projects;
- e. While this Company’s Corporate Permit is in force, the Company and I will at all times comply with all of the requirements of the Nova Scotia Architects Act and Regulations and any other requirements of the Nova Scotia Association of Architects; and
- f. All information in this application is true, accurate, and complete.

Date

Print Name

Signature

Please Note: Your application will not be considered complete until you have complied with all items on the checklist on Page 1, and until all required information is received at the office of the Nova Scotia Association of Architects. Annual Corporate Permit applications and fees must be submitted to the NSAA in full on or before December 31st.

Application for Temporary Licence

Please Note: The attached application is for individuals who intend to practice in Nova Scotia on a temporary project-specific basis.



The following is a list of information and/or items which must be submitted with your application:

- Completed Application for Temporary Licence
- Confirmation of registration/licence from all jurisdiction in which applicant is currently licensed
- Signed confirmation from Applicant, declaring intention to practise architecture on a temporary or project-specific basis
- Signed confirmation from a Licensed Architect currently licensed in Nova Scotia that the applicant has a professional business relationship with, declaring that the applicant (by either direct agreement or through separate agreements with the mutual client) is collaborating with the Architect on the project
- Certificate of Insurance (Demonstrating current Professional Liability Insurance)
- Payment in the amount of \$3,473.00 (Dues + Tax) *(Please submit separate cheques)*
***Dues are refundable if membership is not approved.**
- Payment in the amount of \$92.00 *(Please submit separate cheques)*
(Licensed Architect Stamp Fee + Tax)

Please be advised that:

- A corporate permit is required for practice by a partnership or a corporate entity.
- You will require proof of liability insurance (in the form of a certificate of insurance), and documentation confirming that this insurance covers all work in Nova Scotia (this may be in the form of a letter from the insurer), unless exempt under regulation 10(2).
- All dues and fees include 15% HST. Dues and fees can be paid by either cheque or credit card.

Please select payment method:

- Cheque enclosed for \$ _____ payable to **Nova Scotia Association of Architects**
- Charge \$ _____ to Credit Card:  

Credit Card # _____ Exp. Date _____ / _____

Cardholder Name _____ CVC _____

Signature _____

A. IDENTIFICATION

1. Name in Full: _____
Surname First Name Middle Name(s)
- Please check one: Female Male Prefer to Self-Identify _____
- 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):

4. Scope of Services:

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 \$3020.00 + HST (15%) for admin. fee and \$80.00 + 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/)

Yes No

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

*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.

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 address above with the understanding that the original will be mailed.