

## **Application for Registration** as an Intern Architect

I. PERSONAL INFORMAT	ION	2. CURRENT EMPLOYMENT	INFORMATION
SALUTATION [check one]:	□ Mr. □ Mx. □ Other:		
		Firm/Business Name	
Last Name	First & Middle Names	Address Line 1	
Preferred Name(s)	Post-nominals & Designations	Address Line 2	
Home Address		City	Province/Territory Postal Code
City	Province/Territory Postal Code	Business Phone	
Mobile Phone		Business Email	
Personal Email		3. MENTOR INFORMATION	
Date of Birth	Country of Birth	Mentor's Name	Licence #
4. ACADEMIC QUALIFICA DEGREE (OR EQUIVALENT)	TIONS & CACB CERTIFICATION SCHOOL	COUNTRY	GRADUATION DATE
Have your academic qualific	cations been reviewed by the Canadian A	Architectural Certification Board?	□ YES □ NO
CACB NUMBER:	CERTIFICATION DATE:		
<ul> <li>5. REQUIRED DOCUMENTATION</li> <li>I have enclosed the following with this application:</li> <li>□ Copies of all degrees &amp; equivalent certificates noted in part 3</li> <li>□ Copy of CACB Certificate</li> <li>□ Completed Confirmation of Employer/Supervisor form</li> <li>□ Completed Confirmation of Mentor form</li> <li>Payment of Application &amp; Annual Registration Fees (once the application is approved by Council)</li> </ul>		6. DECLARATION I do solemnly declare that the facts set out in this application for licence are true and correct in every particular. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I WILL NOTIFY THE NWTAA IMMEDIATELY, in writing, of any changes that occur to the information I have supplied on this application.	
SIGNATURE			