

**Canadian Architectural Certification Board**

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**APPLICATION FOR CERTIFICATION OF ACADEMIC QUALIFICATION**

**“UNDER THE GRANDFATHERING RIGHT CLAUSE”**

NAME .....  
First Name Middle Name Family Name

ADDRESS .....  
.....  
City Province Postal Code

TELEPHONE: Residence: ..... Business: .....

E-MAIL: ..... FAX: .....

I was registered prior to January 1, 1992 with l’Ordre des architectes du Québec.

I attach hereto an official letter (original copy) from the Provincial Association attesting to the above and stating the date of registration.

**RESUME OF ACADEMIC HISTORY**

University  
(Undergraduate) ..... 19.... 19....  
University  
(Graduate) ..... 19.... 19....  
Degree(s) .....  
.....

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature