TRI-NATIONAL APPLICATION FORM

Please complete and send to the registration authority in your home country.
Fees will be assessed and collected by the host country prior to review.

NCARB
Internship + Education Directorate
Tri-National MRA Program
1801 K Street, NW
Suite 700K
Washington, DC 20006
USA

Canadian Architectural Licensing Authorities
c/o Ontario Association of Architects
Tri-National MRA Program
Kristi Doyle, Executive Director
111 Moatfield Drive
Toronto, ON M3B 3L6
CANADA

CONARC
ANPADEH / CONARC
Programa Trinacional ARM
Calle Emiliano Zapata 37
Centro, Area 1
Distrito Federal 06000
MEXICO

A. Applicant information
Title: _____ Full legal name: ____________________________
Gender: _______ Date of Birth: ___________________________
Street address 1: _________________________________________
Street address 2: _________________________________________
City: ___________________ State: _____ Country: ____________ Postal code: _________
E-mail address: __________________________________________ Telephone number: __________

B. Professional degree(s)* in architecture
Name of first degree:
Type of degree: (associate's/bachelor's/master's/doctorate): __________________________
Name of institution: __________________________ Date Awarded: __________________
Street address 1: __________________________________________
Street address 2: __________________________________________
City: ___________________ State: _____ Country: ____________ Postal code: _________
Web site address: __________________________________________

Name of second degree (if applicable):
Type of degree: (associate's/bachelor's/master's/doctorate): __________________________
Name of institution (if different than above): __________________________ Date Awarded: __________________
Street address 1: __________________________________________
Street address 2: __________________________________________
City: ___________________ State: _____ Country: ____________ Postal code: _________
Web site address: __________________________________________

*Please list only the degrees awarded that are required for obtaining a credential as an architect.
C. Registration

- Lapses and/or breaks in registration should be indicated on subsequent individual lines.
- All information submitted becomes a part of the applicant’s official Record;
- Each individual jurisdiction reserves the right to verify any information prior to licensure.

**APPLICANT INFORMATION**

<table>
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<tr>
<th>Full legal name:</th>
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<tbody>
<tr>
<td>NCARB #</td>
<td>Canadian Lic/Reg #</td>
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**REGISTRATION INFORMATION**

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<tr>
<th>Jurisdiction</th>
<th>License/Registration #</th>
<th>Initial registration (mm/dd/yyyy)</th>
<th>Registration expiration (mm/dd/yyyy)</th>
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I have read and understand the Tri-National MRA Program Information and comply with the Eligibility Requirements and hereby certify that all information provided herein is complete and correct to the best of my knowledge.

Signature

Date (mm/dd/yyyy)

I have attached a Letter of Good standing from each applicable Regulatory Authority in my home jurisdiction.