



CANADA/MEXICO/U.S. TRI-NATIONAL MUTUAL RECOGNITION AGREEMENT

APPLICATION FORM

Please complete and send to the authority that issued your initial license. **Attach an up-to-date resume or CV** that outlines the experience required to meet the program’s eligibility criteria.

NCARB
International Relations Team
Email: mra@ncarb.org
Website: www.ncarb.org/contact

ROAC
Camelia Bostan
Administrator Licence, Office of the Registrar
Email: officeoftheregistrar@oaa.on.ca
Website: www.roac.ca/contact-us/

FCARM
Arq. Cert. Honorato Fernando Carrasco Mahr
CONARC Executive Coordinator
Email: conarc@fcarm.org.mx

A. APPLICANT INFORMATION

Title: Full legal name:
Street address 1: Gender: Date of birth:
Street address 2:
City: State: Country: Postal code:
Email 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:
Website:
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:
Website:

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



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C. LICENSURE/REGISTRATION

- *Lapses and/or breaks in licensure 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

Full legal name: _____

NCARB #	Canadian lic/reg #	CONARC #
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REGISTRATION/LICENSURE INFORMATION

JURISDICTION(S) IN WHICH YOU ARE CURRENTLY LICENSED AND IN WHICH YOU HAVE BEEN LICENSED:

Jurisdiction	License/registration #	Initial registration (mm/dd/yyyy)	Registration expiration (mm/dd/yyyy)



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REGISTRATION/LICENSURE REQUESTS	
JURISDICTION(S) AND COUNTRY(IES) IN WHICH YOU ARE SEEKING LICENSURE.	
Jurisdiction	Country name

I have read and understand the Canada/Mexico/U.S. Tri-National Mutual Recognition Agreement 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 Attestation from each applicable regulatory authority that issued my initial license.