



The Architectural
& Building
Technologists
Association of
Manitoba Inc.

290 Burnell Street
Winnipeg, MB
R3G 2A7

APPLICATION FOR CERTIFICATION

Please complete this form legibly (print or type) and return it, complete with supporting documentation. Incomplete forms will be returned. ONLY INFORMATION PROVIDED ON THIS APPLICATION WILL BE CONSIDERED BY THE CERTIFICATION BOARD. All information given will be treated with confidence. Additional sheets may be added if necessary. For information on completing this form and the certification process, please refer to section 8.0 of this form, and the current ABTAM bylaws for clarification.

1.0 APPLICANT INFORMATION

1.1 Biographical Information

Title (Mr./Mrs./Ms./other)	Surname (last name)	Given Name (first name)
Address (full mailing address including postal code)		
Telephone (home)	Telephone (work)	Telephone (mobile)
Email		

1.2 Membership Information

General Membership Number	Current Certification Status (if any)
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1.3 Certification Level Applied For

- | | |
|--|--|
| <input type="checkbox"/> Architectural Technician | <input type="checkbox"/> Architectural Technologist |
| <input type="checkbox"/> Senior Architectural Technologist | <input type="checkbox"/> Accredited Architectural Technologist |
| <input type="checkbox"/> Building Design Technician | <input type="checkbox"/> Building Design Technologist |
| <input type="checkbox"/> Senior Building Design Technologist | <input type="checkbox"/> Accredited Building Design Technologist |
| <input type="checkbox"/> Building Technician | <input type="checkbox"/> Building Technologist |
| <input type="checkbox"/> Senior Building Technologist | <input type="checkbox"/> Accredited Building Technologist |

2.0 EDUCATION

2.1 Technical School and/or University

Institution Name and Location (city, province/territory or state, country)	
Program Name	Program Duration (months)
Certificate or Diploma Awarded	Date Obtained (month, year)

Institution Name and Location (city, province/territory or state, country)	
Program Name	Program Duration (months)
Certificate or Diploma Awarded	Date Obtained (month, year)

2.2 Additional Post-Secondary Courses

Institution Name and Location (city, province/territory or state, country)	
Course Name	Course Duration (total hours)
Certificate or Diploma Awarded	Date Obtained (month, year)

Institution Name and Location (city, province/territory or state, country)	
Course Name	Course Duration (total hours)
Certificate or Diploma Awarded	Date Obtained (month, year)

Institution Name and Location (city, province/territory or state, country)	
Course Name	Course Duration (total hours)
Certificate or Diploma Awarded	Date Obtained (month, year)

2.3 Instructional Seminars

Company or Organization Name and Location (city, province/territory or state, country)	
Seminar Name	Seminar Duration (total hours)

Company or Organization Name and Location (city, province/territory or state, country)	
Seminar Name	Seminar Duration (total hours)

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Seminar Name	Seminar Duration (total hours)

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Seminar Name	Seminar Duration (total hours)

Company or Organization Name and Location (city, province/territory or state, country)	
Seminar Name	Seminar Duration (total hours)

3.0 MEMBERSHIP IN OTHER PROFESSIONAL OR TECHNICAL ORGANIZATIONS

Organization Name and Location (city, province/territory or state, country)	
Membership Grade or Type (if applicable)	Date Joined (month, year)

Organization Name and Location (city, province/territory or state, country)	
Membership Grade or Type (if applicable)	Date Joined (month, year)

Organization Name and Location (city, province/territory or state, country)	
Membership Grade or Type (if applicable)	Date Joined (month, year)

Organization Name and Location (city, province/territory or state, country)	
Membership Grade or Type (if applicable)	Date Joined (month, year)

Organization Name and Location (city, province/territory or state, country)	
Membership Grade or Type (if applicable)	Date Joined (month, year)

Organization Name and Location (city, province/territory or state, country)	
Membership Grade or Type (if applicable)	Date Joined (month, year)

4.0 EMPLOYMENT

4.1 Present Employment

Company or Organization Name	
Address (full mailing address including postal code)	
Type of Business	
Position or Job Title	From (month, year)
Job Description (provide description of current position, or attach full Job Description document if available)	

4.2 Supervisor Certification

This section is to be completed by a third party, preferably the applicant's current supervisor.

I hereby state that the above job description is a fair evaluation of the applicant's present position:

Signature		Date (month, day, year)
Title (Mr./Mrs./Ms./other)	Surname (last name)	Given Name (first name)
Position or Job Title	Relationship to Applicant	
Address (full mailing address including postal code)		
Telephone (home)	Telephone (work)	Telephone (mobile)
Email		

4.3 Previous Employment

Company or Organization Name		
Address (full mailing address including postal code)		
Type of Business		
Position or Job Title	From (month, year)	To (month, year)
Job Description (provide description of current position, or attach full Job Description document if available)		

Company or Organization Name		
Address (full mailing address including postal code)		
Type of Business		
Position or Job Title	From (month, year)	To (month, year)
Job Description (provide description of current position, or attach full Job Description document if available)		

Company or Organization Name		
Address (full mailing address including postal code)		
Type of Business		
Position or Job Title	From (month, year)	To (month, year)
Job Description (provide description of current position, or attach full Job Description document if available)		

4.4 Architect Certification

This section is to be completed by an Architect registered in the province of Manitoba only if the applicant is seeking certification in Architectural Technology.

I hereby state that the applicant is (or has been) employed under my supervision:

Signature		Date (month, day, year)
Title (Mr./Mrs./Ms./other)	Surname (last name)	Given Name (first name)
Company or Organization Name		
Position or Job Title	Relationship to Applicant	
Address (full mailing address including postal code)		
Telephone (home)	Telephone (work)	Telephone (mobile)
Email		

5.0 REQUIREMENTS

5.1 Core Requirements

Project Management
Project Coordination
Documentation

Architectural Detailing

Building Codes & Standards

Building Science Technology

Contract Administration

5.2 Supplemental Requirements

6.0 PROFESSIONAL REFERENCES

Title (Mr./Mrs./Ms./other)	Surname (last name)	Given Name (first name)
Company or Organization Name		
Position or Job Title	Relationship to Applicant	
Address (full mailing address including postal code)		
Telephone (home)	Telephone (work)	Telephone (mobile)
Email		

Title (Mr./Mrs./Ms./other)	Surname (last name)	Given Name (first name)
Company or Organization Name		
Position or Job Title	Relationship to Applicant	
Address (full mailing address including postal code)		
Telephone (home)	Telephone (work)	Telephone (mobile)
Email		

7.0 VERIFICATION OF INFORMATION

I agree that any Certificate issued to me shall remain the property of this Association, and will be returned if my membership should cease for any reason.

I hereby state that all information which I have provided in this application, and any attachments hereto, is accurate and correct.

Signature	Date (month, day, year)
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8.0 INSTRUCTIONS TO APPLICANT

General

- Please read and follow these instructions carefully.
- Only applications from members in good standing will be accepted.
- Payment of the Certification Fee must accompany the application. The Certification Fee is applicable only for new certifications, and is waived for all reclassifications.
- Any incomplete information may result in a delay of certification. If clarification of provided information is required, the applicant will be contacted by a representative of the Association.
- The applicant should retain a copy of the submitted information for future reference.
- Use and attach additional sheets if space is not adequate.
- If information is unknown or unavailable, please submit a written explanation on a separate sheet.
- If information requested is not applicable, please indicate with "N/A". Do not leave any blank spaces.
- Please contact the Association with any additional questions regarding this application.

Section 1.0

- If general membership number or current certification status is unknown, please contact the Association prior to submitting this application.
- Refer to current ABTAM bylaws for guidance on selection in Subsection 1.3.

Section 2.0

- Copies of ALL technical school and/or university diplomas or certificates MUST be submitted with this application. If the documents are in a language other than English, a signed and notarized translation is required.
- List ALL courses, completed or not, as this will allow the Certification Board and the Association examiners to make a more accurate appraisal of the applicant's qualifications.
- Instructional Seminars must be of a minimum 6 hours in duration to qualify towards certification.

Section 4.0

- Verification of the applicant's current employment by a third party (preferably your current supervisor) MUST be provided, in Subsection 4.2.
- List previous employment chronologically, starting with the position held prior to present employment. Include only employment which is directly related to this application.
- Certification by an Architect registered in the province of Manitoba MUST be provided in Subsection 4.4 only if the applicant is seeking certification in Architectural Technology.

Section 5.0

- Provide specific experience in the listed Core Requirements, in Subsection 5.1. Refer to current ABTAM bylaws for guidance on which of the Core Requirements the applicant must have experience (depending on the type of certification being sought).
- List and provide specific experience on whichever of the Supplementary Requirements the applicant has experience, in Subsection 5.2. Refer to the current ABTAM bylaws for a list of Supplementary Requirements.

Section 6.0

- Professional References MUST be familiar with the applicant's work abilities, and MUST have known the applicant for at least one year.
- Individuals listed may be contacted by the Association.