Certificate of Practice Surrender Request

Issued December 2025

General

1. Before completing a request to surrender your certificate of practice (CoP), read the Licence and Certificate of Practice Guidelines for Surrender or Limited Licence and Certificate of Practice Guidelines for Surrender, as applicable.

2. Allow approximately two weeks of processing time from the date of receipt of the request and any required documentation. An incomplete form may be returned for completion.

3. All sections of the form are to be completed. Use “Not Applicable” and “N/A” where sections do not apply.

4. Submit the surrender request form to officeoftheregistrar@oaa.on.ca. All documentation submitted will be verified.

Regulatory Information

From the *Architects Act* of Ontario:

“architectural services” means services that are part of or are related to the practice of architecture

“design” means a plan, sketch, drawing, graphic representation, or specification intended to govern the construction, enlargement or alteration of a building or a part of a building

“practice of architecture” means,

(a) the preparation or provision of a design to govern the construction, enlargement, or alteration of a building,

(b) evaluating, advising on or reporting on the construction, enlargement, or alteration of a building, or

(c) a general review of the construction, enlargement, or alteration of a building

Who may provide service to public

(2) No person shall provide to a member of the public a service that is part of the practice of architecture except under and in accordance with a certificate of practice or a temporary licence.

Suspension of effect

(2) A holder of a certificate of practice ceases to be entitled to offer to the public or to provide to the public services that are within the practice of architecture as soon as there is no member of the Association who personally supervises and directs the practice of architecture by the holder of the certificate of practice.

Notice to Registrar by holder

(3) The holder of a certificate of practice must give notice to the Registrar when there ceases to be a member of the Association who personally supervises and directs the practice of architecture by the holder of the certificate of practice and when the holder of the certificate of practice designates another member of the Association to personally supervise and direct such practice of architecture.

Notice to Registrar by person in position of professional responsibility

(4) A member of the Association who ceases to personally supervise and direct the practice of architecture by a holder of a certificate of practice as the person so designated by the holder of the certificate of practice shall give notice of the cessation forthwith to the Registrar.

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416-449-6898
oaamail@oaa.on.ca
oaa.on.ca

Surrender Request

Certificate of Practice

A. IDENTIFICATON

1 Primary Contact: _____

Family Name Given Name Middle Name(s)

2 Certificate of Practice Name: _____

"Doing Business As" Name (if applicable): _____

3 Certificate of Practice Number: _____

4 Address of Record: _____ _____

Street Suite

_____

City Province/Territory Country Postal Code

5 Primary Contact Phone: _____

6 Primary Contact Email: _____

B. REASON FOR SURRENDER

Please indicate the primary reason for the surrender of the certificate of practice:

- ☐ Firm dissolution
- ☐ Merger or acquisition
- ☐ Firm no longer providing architectural services in Ontario
- ☐ Change of business status (e.g. closing the Ontario office)
- ☐ Other (please specify):

C. SURRENDER REQUEST

Requested Effective Date of Surrender: _____

D. OUTSTANDING MATTERS

Please confirm the status of any professional obligations:

Client Matters

- ☐ All active projects have been completed, transferred, or arrangements have been made for their completion.
- ☐ Explain if necessary:

Records

- ☐ All project files, drawings, and records have been securely maintained, transferred, or archived in accordance with OAA requirements.

Complaints, Investigations, or Discipline Matters

- ☐ There are no outstanding OAA complaints, investigations, or disciplinary matters involving the certificate of practice.
- ☐ If matters exist, provide details:

Fees, Payments, and Annual Renewals

- ☐ All required fees and/or payments owing to the OAA and Pro-Demnity Insurance Co. have been paid in full.

Professional Liability Insurance: Pro-Demnity

- ☐ Surrendering a certificate of practice does not affect a firm's responsibility for architectural services previously provided. Members and firms should contact Pro-Demnity to confirm ongoing or run-off insurance requirements, as appropriate. It is the responsibility of the member/firm to ensure appropriate insurance arrangements are in place after surrender.

OAA Seal

- ☐ Following the surrender of the certificate of practice, the OAA seal of any member associated with the CoP must not be used on documents issued on behalf of the former practice.
- ☐ No architectural documents will be sealed or issued under the name of the surrendered certificate of practice after the effective date.
- ☐ Any member associated with the surrendered CoP who wishes to use their seal in association with a different certificate of practice should contact the officeoftheregistrar.oaa.on.ca for further instructions.

E. **DECLARATION**

I, _____ (type of print full name), as the primary contact and designated representative for the certificate of practice named above, hereby declare that:

1. I am authorized to submit this request on behalf of the certificate of practice.

2. I voluntarily request the surrender of the certificate of practice with the Ontario Association of Architects.

3. I understand that once surrendered, the certificate of practice will no longer be authorized to offer or provide architectural services in Ontario.

4. I acknowledge that surrendering the certificate does not absolve the firm or its members from any outstanding professional obligations, including client matters, record retention, complaints, investigations, or liabilities arising from services previously provided.

5. All statements made in this request are true and complete to the best of my knowledge.

_____ _____

Signature Date