

## INSTRUCTIONS - 2018 RENEWAL DECLARATION FOR SAA LICENCE TO PRACTICE

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1. **RENEWAL FEES:** Annual renewal fees are due by the first business day in January of the year in which such renewal is to be effective. After the first business day of January until January 31 of the said year can be considered a grace period. Bylaw 26.09 requires that the Licence to Practice be automatically struck from the SAA Register if fees are not received by the prescribed date and before the expiry of the grace period. Partial fees or incorrect fees submitted will be deemed as fees not received, resulting in an automatic strike upon the expiry of the grace period.
2. **LICENCE TO PRACTICE RENEWAL DECLARATION:** All Licence to Practice holders must submit the 2018 Licence to Practice Renewal Declaration (the “Renewal Declaration”) by the close of business on January 31.
3. **DOCUMENT REVIEW PROCESS:** Renewal Declaration reviews will commence after February 1 and only for Licensees that have submitted correct fees. Incomplete or incorrect Renewal Declarations will be returned to the Licensee. The Licensee will be given 14 days to resubmit a complete/correct Renewal Declaration. Failure to resubmit satisfactory corrections to the Renewal Declaration by the deadline provided will result in the Licensee being referred to Council for consideration for a strike.
4. **MULTIPLE OFFICE DECLARATION:** Licensees with multiple offices are required to complete the Multiple Office Declaration for each additional office location.
5. **VERIFICATION OF ITEMS SUBMITTED:** All documents submitted will be verified by the SAA; the SAA may request additional information or documentation from Licensees.
6. **ANNUAL FEE:** The annual fee for an SAA Licence to Practice is \$446.25 (\$425 + \$21.25 GST). Fees must be paid in Canadian Funds only. Licence fees shall not be combined with member fees. Combined fees will be returned and may be considered late if correct amounts are not received by close of business on January 31.
7. **RECEIPTING:** The issuance of a receipt from the SAA is confirmation that 2018 Licence to Practice annual fees have been processed. Payment of fees does not complete the renewal process for Licensees. Submission of a correct and complete Renewal Declaration is also required.
8. **ELECTRONIC SUBMISSION OF RENEWAL DOCUMENTS:** The SAA will accept the electronic submission of renewal documents. Completed renewal documents may be submitted to [renewals@saskarchitects.com](mailto:renewals@saskarchitects.com). Renewal documents may also be submitted via letter mail to: 200 - 642 Broadway Ave., Saskatoon SK S7N 1A9. Renewal documents sent electronically or by letter mail must be received by the SAA by close of business on January 31.
9. **CONFIRMATION:** The SAA will forward a 2018 Licence to Practice Renewal Confirmation letter (the “Confirmation Letter”) to the subject Licensee upon completion of the renewal. If a Licensee does not receive a Confirmation Letter, the Licensee’s Licence has not been renewed and the Licensee does not have a valid Licence to Practice.
10. **VOLUNTARY CANCELLATION OF LICENCE:** In the event that you wish to voluntarily cancel your Licence to Practice, please send notification to the SAA and return the Certificate of Practice. Please see [SAA Practice Bulletin – Reclamation of SAA Certificate of Practice](#) posted on the SAA website for further details.
11. **SAA COUNCIL POLICY ON RENEWALS:** Please review the [SAA Council Policy – Licence to Practice Renewal](#) posted on the SAA website for more information.

**ALL APPLICANTS COMPLETE:**

**A General Declaration**

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**COMPLETE ONLY ONE:**

- B Sole Proprietorship**
  - or **C Architectural Corporation**
  - or **D Partnership OR Joint Venture**
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**ALL APPLICANTS COMPLETE:**

**E Checklist**

**COMPLETE IF APPLICABLE:**

**F Multiple Office Declaration**

**COMPLETE IF APPLICABLE:**

**G Payment Remittance Form**



# General Declaration

## 2018 RENEWAL DECLARATION FOR SAA LICENCE TO PRACTICE

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Licensee: \_\_\_\_\_

Provide name in which Licence to Practice has been issued (i.e., registered business name)

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Office contact: (Name and email) \_\_\_\_\_

Architect contact: (Name and email) \_\_\_\_\_

Please be advised that all letter mail from the SAA to the Licensee will be sent to the above provided business address and that all electronic SAA Practice correspondence will be sent to the above provided email(s). It is the Licensee's responsibility to update the business address and email contact information as required.

Please provide the name of the SAA member(s) who has/have direct knowledge and supervisory control of the architectural services provided by the Licensee at this office:

\_\_\_\_\_

Additional Office(s):  Yes  No *If Yes, you must complete the Multiple Office Declaration for each additional office location in Saskatchewan. If you are an out-of-province Licence to Practice holder with an office in Saskatchewan, you must complete the form for each Saskatchewan office.*

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# Sole Proprietorship

If the Licensee is a sole proprietorship, please list the owner:

Owner: \_\_\_\_\_

Please list all additional SAA Members, Interns, and Syllabus Students associated with the Licensee's Licence to Practice, if any:

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# Architectural Corporation

If the Licensee is a corporation, please identify the architect shareholders of the corporation and indicate for each: whether the individual is a director, whether the individual is an SAA member, and the percentage (%) of voting shares they hold in the corporation. Please note that if any of the shareholders are corporations, more information will need to be provided further below.

\*The shareholder information you provide must match that which the SAA currently has on file. If this information has recently changed, please file a [Change Request Application](#) with the SAA.

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit an attachment if more room is required.

If any of the shareholders listed above are corporations, please identify the architect shareholders of each corporation and indicate: whether the individual is a director, whether the individual is an SAA member, and the percentage (%) of voting shares they hold in the corporation.

Corporate Shareholder of Licensee: \_\_\_\_\_

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Corporate Shareholder of Licensee: \_\_\_\_\_

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Corporate Shareholder of Licensee: \_\_\_\_\_

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit an attachment if more room is required.

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Please list all additional SAA Members, Interns, and Syllabus Students associated with the Licensee's Licence to Practice, if any:

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# Partnership OR Joint Venture

If the Licensee is a partnership (whether among individuals, corporations, or a combination of individuals and corporations) or a joint venture, please identify each of the partners and indicate for each: whether the individual is a director, whether the individual is an SAA member, and the percentage (%) of voting shares or units they hold in the partnership or joint venture. Please note that if any of the partners are corporations, more information will need to be provided further below.

\*The partner and shareholder information you provide must match that which the SAA currently has on file. If this information has recently changed, please file a [Change Request Application](#) with the SAA.

Partner	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit an attachment if more room is required.

If any of the partners listed above are corporations, please identify the architect shareholders of each corporation and indicate: whether the individual is a director, whether the individual is an SAA member, and the percentage (%) of voting shares they hold in the corporation.

Partner: \_\_\_\_\_

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Partner: \_\_\_\_\_

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Partner: \_\_\_\_\_

Shareholder Name	Director Y/N	SAA Member Y/N	% Voting Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit an attachment if more room is required.

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Please list all additional SAA Members, Interns, and Syllabus Students associated with the Licensee's Licence to Practice, if any:

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# Checklist

All Licensees are to complete the checklist below:

- I certify that the above noted Licensee presently holds a current SAA Licence to Practice.

**LICENSEE INFORMATION** - PLEASE CHECK ONE BOX:

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- I certify that the information currently on file with the SAA for this Licence to Practice remains current and true and that no changes or alterations outside of SAA approval were made in 2017. NOTE: If you are unable to check this box, you must submit a [Change Request Application](#) along with this Renewal Declaration.
- I enclose a [Change Request Application](#) and ask that it be submitted to SAA Council along with this Renewal Declaration for approval.

**COMPLIANCE** - PLEASE CHECK ONE BOX:

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- I attest that the Licensee, being a corporation, is duly registered and in good standing with the Saskatchewan Director of Corporations and that the annual return has been filed and is current. The Licensee is in compliance with *The Business Corporations Act* (Saskatchewan), *The Business Names Registration Act* (Saskatchewan) and all other applicable laws of Saskatchewan.
- I attest that the Licensee, being a partnership, is in compliance with *The Business Names Registration Act* (Saskatchewan) and all other applicable laws of Saskatchewan.
- I attest that the Licensee, being an individual, is in compliance with *The Business Names Registration Act* (Saskatchewan) and all other applicable laws of Saskatchewan.

**LETTERHEAD** - PLEASE CHECK ONE BOX:

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- I certify that the letterhead the SAA currently has on file is compliant with Bylaw 29.
- I have included a current sample of letterhead with this declaration, as changes have been made.

**LIABILITY INSURANCE:**

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- I declare that the Licensee has professional liability insurance coverage in the Province of Saskatchewan, as required by Bylaw 26.13. Please see [SAA Practice Bulletin - Liability Insurance](#) posted on the SAA website for more information.

**PAYMENT:**

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- I enclose payment for the SAA Licence to Practice renewal in the amount of \$446.25 (\$425 + \$21.25 GST). Fees must be paid in Canadian Funds only.

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**MULTIPLE OFFICE PRACTICE - IF APPLICABLE:**

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- The Licensee is a Multiple Office Practice. I have included the required Multiple Office Declaration for each location.

**ACKNOWLEDGEMENTS AND REPRESENTATIONS:**

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- I understand that the 2018 Licence Renewal for corporations and partnerships will be considered incomplete until each SAA member that is a voting shareholder or partner, as the case may be, has successfully renewed their 2018 membership. In the case of a sole proprietorship, I understand that the 2018 Licence Renewal will be considered incomplete until the owner has successfully renewed his/her 2018 membership.
- I understand that fees are due by January 1 and if correct fees are not received at the SAA by January 31, 2018, that the Licensee's Licence to Practice will be automatically struck from the SAA Register in accordance with Bylaw 26.09.
- I understand that if correct fees are received at the SAA by January 31 but the SAA determines that this Renewal Declaration is incomplete or incorrect, the Licensee (I) will be given 14 days to correct the information provided. Failing to provide satisfactory corrections to the Renewal Declaration by the deadline provided will result in the Licensee being referred to SAA Council for consideration for a strike.
- I hereby submit this Renewal Declaration for the SAA Licence to Practice currently held by the named Licensee, as required under *The Architects Act, 1996* (Saskatchewan) and the current Bylaws of the Saskatchewan Association of Architects.
- I understand that the SAA may require further information or confirmation to process this application.

The undersigned SAA member certifies that he/she has authority to submit this Renewal Declaration on behalf of the Licensee, certifies that the above information is correct, and hereby applies for a renewal of the Licence to Practice for the Licensee.

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<b>Member Name</b>	<b>Member Signature</b>	<b>Date</b>
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*Completed Renewal Declaration forms may be submitted to the SAA electronically or by letter mail.*

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FOR SAA USE

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_



# Multiple Office Declaration

## MULTIPLE OFFICE DECLARATION

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Firms with multiple office locations in Saskatchewan are required to annually complete a Multiple Office Declaration for each additional office they operate. Out of province firms with an architectural office in Saskatchewan are also required to complete this form.

Licensee: \_\_\_\_\_

Provide name in which Licence to Practice has been issued (i.e., registered business name)

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email contact: \_\_\_\_\_

It is the Licensee's responsibility to update the business address and email contact information as required.

SAA Members associated with the Licensee at the above location:

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Please provide the name of the SAA member(s) who has/have direct knowledge and supervisory control of the architectural services provided by the Licensee at this office:

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# Payment Remittance Form

Name of Licensee: \_\_\_\_\_

## CREDIT ACCOUNT OF:

Name in Full: \_\_\_\_\_  
Surname First Name Initial

Telephone: \_\_\_\_\_  
Business Home

Email: \_\_\_\_\_

APPLY TO INVOICE NUMBER: \_\_\_\_\_

AMOUNT OF PAYMENT: \_\_\_\_\_

## PAYMENT INFORMATION:

Visa  Mastercard

Name of Cardholder: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVV # \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

**Disclaimer:** Remitting this information via email may not be secure. The SAA does not take any responsibility for appropriated email transactions.

Personal information contained on this form is collected under *The Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.