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# Guidelines for Completion of an Application for Seal

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# Architect

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OAA-08-23

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# Guidelines for Completing Application

In filing your Application for Seal, please ensure that you have completed the following steps:

## 1. Format

- a) Complete, sign, and date the application. The application should be typed or printed clearly and all sections completed, signed, and dated.
- b) Correctly spell your name as it appears on the Licence Certificate.
- c) Provide the full address to where the Seal should be shipped.

## 2. Fees

Submit the appropriate fee for the type of Seal selected. Please see [Payment Options](#) on our web site. If you wish to pay via Credit Card you will need to go to OAA Store [Other Fees and Items](#).

## 3. Employer Authorization (if applicable)

- a) In order for an **employee of a holder of a Certificate of Practice** to obtain a Seal, Section E of the Application for Seal form must be signed by a supervisor.
- b) When an **employee with Seal** changes employment, the employer must notify the Office of the Registrar of any changes to the Certificate of Practice, and the employee must immediately **return the Seal to the Association**.
- c) In order for an **employee, working in an office other than the office of a holder of a Certificate of Practice**, to obtain a Seal where the Seal is required and will be used only for projects owned by (and intended to continue to be owned by) the employer, Section E of the Application for Seal form must be signed by a supervisor.

## Applying for a seal

Seals are not ordered until:

1. The Certificate of Practice application is approved (the Application for Seal form should be submitted along with the Certificate of Practice application); **or**
2. Section E of the Application for Seal form, "*The Employer's Declaration/Authorization*," is signed, and the Registrar is satisfied that the Application for Seal is not being submitted in order to provide architectural services to the public, directly or indirectly, without a Certificate of Practice.

The OAA recommends reviewing the following:

- OAA Regulatory Notice [R.1, "Architect's Professional Seal – Application;"](#) and
- OAA Practice Tip [PT.22, "Employment Agreement – Employed Architects' Liability."](#)

We remind you that this Seal is issued to you and is to be used in your capacity as indicated on your application, and that when your status changes and you are no longer required to use your Seal at the practice/company indicated in your application, you must immediately return the Seal to the Association.





**A. CATEGORY OF ARCHITECT—Licensed with the Ontario Association of Architects (Hereafter referred to as Architect)**

I am an architect who is one of the following:

- 1.  (a) A sole proprietor who is the holder of a Certificate of Practice
- (b) A partner in a partnership that holds a Certificate of Practice
- (c) An officer and/or director of a corporation which is the holder of a Certificate of Practice
  - An officer
  - A director
  - An officer and a director
- (d) An employee of a sole proprietorship, partnership, or a corporation which is the holder of a Certificate of Practice, required to use a Seal in the architect's capacity as an employee: *(refer to Guidelines for Completion, Employer Authorization, item 3.i)*

**Name of Certificate of Practice issued by the OAA:**

\_\_\_\_\_  
(please print)

**OR**

- 2.  An employee of the Crown of Ontario or of Canada, a crown agency, sole proprietorship, partnership, or a corporation that is not a holder of a Certificate of Practice, if required to use a Seal in the architect's capacity as an employee: *(refer to Guidelines for Completion, Employer Authorization, item 3.iii)*

**Name of Employer**

\_\_\_\_\_  
(please print)

**Architect employees who are not working under a Certificate of Practice must provide an explanation for why a Seal is required in their capacity as an employee. Please include the explanation in the space below or include the explanation in a letter enclosed with the Application. The Office of the Registrar may request further information.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. DESCRIPTION OF SEALS AVAILABLE** (*indicate type required*)

- Type 1 Mark It Rubber Stamp: Plastic handle with plastic case cover. Height: 3", Length: 2 1/4", Width: 2 1/4"  
**Cost: \$47.89** (\$42.38 plus \$5.51 HST)
- Type 2 Automark Stamp: Re-inkable pre-ink 2" diameter circular base with clip on cap for protection of die area. Microscopic cells line die and hold enough ink for thousands of impressions before re-inking. Slight spring action for soft touch stamping. Handle is 1 5/8" high and 1 5/8" diameter at top, which gently tapers to 1 3/8" at bottom.  
**Cost: \$91.81** (\$81.25 plus \$10.56 HST)

**C. NAME OF ARCHITECT** (*Clearly print or type name as it appears on the Licence Certificate*)

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|      |      |
|------|------|
| Name | Date |
|------|------|

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Signature

**D. SHIPPING ADDRESS** in full (*Note: Signature is required upon delivery of Seal*) (*please print*)

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Name

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|        |           |
|--------|-----------|
| Street | Suite No. |
|--------|-----------|

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|      |                          |         |                 |
|------|--------------------------|---------|-----------------|
| City | Province/State/Territory | Country | Postal/Zip Code |
|------|--------------------------|---------|-----------------|

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|           |       |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

**E. EMPLOYER'S DECLARATION/AUTHORIZATION** (if applicable)

This will be used only for projects carried out in the name of the:

- a) Certificate of Practice in A 1; **OR**
- b) Employer named in A 2. where the Seal is required and will be used only for projects that are owned by (and intended to continue to be owned by) the employer.

I understand that the Seal must be returned to the OAA should the architect identified above no longer require the Seal for use in their capacity as employee of the Certificate of Practice holder or Employer, or if the architect changes employment.

\_\_\_\_\_  
Supervisor's Name (please print)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

