

## REGISTRATION FORM 2025

EXAMINATION SESSION:

NOVEMBER 3 & 4 2025

**Note to OAQ interns: please use the online registration form through your OAQ portal (espace-membre).**

**Note to OAA interns: please use the online registration form linked from the 'Registration Procedure and Fees' page on the ExAC website.**

### INSTRUCTIONS

1. Save the document in a PDF format using Adobe Acrobat
2. Be sure to fill in all fields and sign the document (Fill and sign feature).
3. Completed registration form must be submitted to your Provincial/ Territorial Architectural Licensing Authority before **July 11th, 2025 at Noon** (local time).
4. Submissions paying by credit card/online banking can be sent via email. If paying by cheque, please send by mail a printed copy of your form with your cheque and send the documentation. Not all Licensing Authorities accept credit card payments; before submitting a credit card payment, please make sure this option is available. For more information, consult the contact details of your Provincial/ Territorial Architectural Licensing Authority at [exac.com](http://exac.com).

## REGISTRANT

ASSOCIATION ID NUMBER		
LAST NAME	FIRST NAME	
ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME PHONE	MOBILE PHONE	
E-MAIL		
DATE OF BIRTH	DD I MM I YYYY	

I AM CURRENTLY AN INTERN IN GOOD STANDING WITH THE:

## CHOSEN LANGUAGE

I HEREBY APPLY TO WRITE THE EXAMINATION IN:

## EXAMINATION LOCATION

I HEREBY APPLY TO WRITE THE EXAC IN:

## RECORD OF EXPERIENCE HOURS

- I confirm that I have recorded at least 2800 hours of experience in the Canadian Experience Record Book (CERB). These hours have already been approved, or are pending approval by my Licensing Authority.

*If the hours of experience submitted by the submission deadline are not approved by the Licensing Authority, the Intern will not be eligible to write the upcoming ExAC. The record of experience, if not previously submitted, must accompany this Registration Form.*

## REGISTRATION

### ■ First Time Applicant

*A First Time Applicant must register to take all four Sections of the ExAC over the period of two consecutive days.*

### ■ Repeat Applicant

*This applies to applicants who are retaking failed sections from previous exam sessions.*

I THUS HEREBY APPLY TO WRITE:

■ ExAC Section 1

■ ExAC Section 2

■ ExAC Section 3

■ ExAC Section 4

## FEES

All exam fees are exempt from taxes (except for applications submitted to the (AIBC/MAA))

Fees for:

### ANY 1 SECTION

■ \$250

■ \$262 (AIBC/MAA)

### ANY 2 SECTIONS

■ \$500

\$525 (AIBC/MAA)

### ANY 3 SECTIONS

■ \$750

■ \$787.50 (AIBC/MAA)

### ALL 4 SECTIONS

■ \$1000

■ \$1050 (AIBC/MAA)

## METHOD OF PAYMENT

■ Cheque enclosed [payable to your Licensing Authority]

Cash [in person only]

VISA    MASTERCARD    ONLINE BANKING

*Important: Prior to any credit card or online banking payment, please check with your Licensing Authority to make sure this option is available.*

CREDIT CARD #

CVV # (3 DIGIT SECURITY CODE)

EXPIRY DATE    MM   I   YYYY

NAME OF THE CARDHOLDER

AUTHORIZATION SIGNATURE

## CONFIDENTIALITY AGREEMENT & COMPLIANCE REQUIREMENT

I declare that I understand that the content of each section of the Examination for Architects in Canada (ExAC) is confidential and subject to Canadian copyright laws.

I declare that I agree that I will not divulge any questions with respect to the ExAC to any individual or entity.

I understand that the unauthorized possession, reproduction, or disclosure of any examination materials, including the nature or content of the examination questions, before, during, or after the examination by any method is in violation of law and this Confidentiality Agreement.

I understand that a violation of this Agreement can result in civil liability and/or action by the ExAC Committee.

I agree that I will not participate in developing or delivering formalized ExAC preparation courses or study guides for a period of 5 (five) years after last writing any section of the ExAC.

I agree that, in the event that I violate this Confidentiality Agreement, the ExAC Committee may suspend my examination taking privileges, cancel my examination scores, and seek recovery in a court of law for costs and civil damages.

This Agreement does not prevent me from disclosing information related to the ExAC to my Licensing Authority.  
By signing below, I declare that I have read and will adhere to the conditions and rules as defined on the ExAC website and this Confidentiality Agreement.

INTERN SIGNATURE

DATE DD | MM | YYYY

## ACCOMMODATION REQUEST

- ☐ I hereby request an Accommodation in order to write the ExAC, and have included a completed Accommodation Request Form with my ExAC Registration Form.