



TRI-NATIONAL APPLICATION FORM

Please complete and send to the registration authority in your home country.
Fees will be assessed and collected by the host country prior to review.

NCARB
Internship + Education Directorate
Tri-National MRA Program
1801 K Street, NW
Suite 700K
Washington, DC 20006
USA

Canadian Architectural Licensing Authorities
c/o Ontario Association of Architects
Tri-National MRA Program
Kristi Doyle, Executive Director
111 Moatfield Drive
Toronto, ON M3B 3L6
CANADA

CONARC
ANPADEH / CONARC
Programa Trinacional ARM
Calle Emiliano Zapata 37
Centro, Area 1
Distrito Federal 06000
MEXICO

A. Applicant information

Title: _____ Full legal name: _____
Street address 1: _____ Gender: _____ Date of Birth: _____
Street address 2: _____
City: _____ State: _____ Country: _____ Postal code: _____
E-mail address: _____ Telephone number: _____

B. Professional degree(s)* in architecture

Name of first degree: _____

Type of degree: (associate's/bachelor's/master's/doctorate): _____
Name of institution: _____ Date Awarded: _____
Street address 1: _____
Street address 2: _____
City: _____ State: _____ Country: _____ Postal code: _____
Web site address: _____
Name of second degree (if applicable): _____

Type of degree: (associate's/bachelor's/master's/doctorate): _____
Name of institution (if different than above): _____ Date Awarded: _____
Street address 1: _____
Street address 2: _____
City: _____ State: _____ Country: _____ Postal code: _____
Web site address: _____

**Please list only the degrees awarded that are required for obtaining a credential as an architect.*

