



THE MANITOBA ASSOCIATION OF ARCHITECTS  
SUITE 101 - 177 LOMBARD AVENUE WINNIPEG MANITOBA R3B 0W5  
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TO: MAA REGISTRATION BOARD

## EMPLOYMENT CONFIRMATION

INTERN'S NAME IN FULL: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY PROVINCE POSTAL CODE

I CONFIRM THAT THE ABOVE-NOTED INTERN IS EMPLOYED WITH OUR/MY FIRM AND THAT THE FIRM SHALL ENDEAVOR TO PROVIDE THE REQUIRED PRE-REGISTRATION EXPERIENCE IN ACCORDANCE WITH THE INTERN PROGRAM GUIDELINES.

NAME OF SUPERVISING ARCHITECT: \_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE