|   | Architects Act 2004 – s92 - Application |
|---|---|
|   | for registration as an Architect in     |
| 1 | the ACT                                 |
|   |   |

Offic

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Receipt no.

Licence no.

Receiving officer

|  | Applicat  | ion 🗌 Renew   | al 🗌 Reap              | oplication                 |  |  |  |
|--|---|---|------------------------|----------------------------|--|--|--|
|  | 1. Applica  | ant details   |                        |                            |  |  |  |
|  | Title   | Surname   |                        |                            |  |  |  |
| AND CONTRACTOR   | Given names   |   | Da                     | ate of birth / /           |  |  |  |
|  | Residential<br>address  |   |                        |                            |  |  |  |
| Privacy information  |   |   | Territory/State        | Postcode                   |  |  |  |
| Information you are asked to provide will be used to assess  | Postal address  |   |                        |                            |  |  |  |
| your ability to hold registration<br>as an Architect in the ACT.                                       | Rusinges address  |   | Territory/State        | Postcode                   |  |  |  |
| The lawful authority for the collection of this information  | Business address  |   | Territory/State        | Postcode                   |  |  |  |
| is the Architects Act 2004. The  | Home phone  |   | Business               |                            |  |  |  |
| information may be disclosed to other architect registration   | Mobile phone  |   | Facsimile              |                            |  |  |  |
| authorities.   | Email   |   |                        |                            |  |  |  |
| Note   | 2. Docum  | nentary evidence  |                        |                            |  |  |  |
| For applicants applying for registration that are not registered in another State or                   | Please attach certified copies of:  | Qualifications  | Photo identification   | 1 x professional reference |  |  |  |
| Territory complete points 1, 2, 4 & 5.   |   | AACA APE Certificate  | 1 x personal reference | 1 x passport size photo    |  |  |  |
| For applicants applying for registration under Mutual  | 3. Registration under Mutual Recognition - documentary evidence   |   |                        |                            |  |  |  |
| Recognition (registered in<br>another State or Territory)<br>complete points 1, 3, 4 & 5.              | Please attach<br><b>certified copies</b> of:  | Interstate registration/s   | Photo identificat      | lion                       |  |  |  |
| For applicants renewing or reapplying for registration   | 4. Questi   | onnaire   |                        |                            |  |  |  |
| complete points 1, 4 & 5 and<br>list your previous ACT<br>registration number below your<br>signature. | No Yes  | Have you been bankrupt, or are applying to take the benefit of any law for the relief of bankrupt or insolvent debtors, or compounding with creditors or making an assignment of remuneration for the benefit of creditors? |                        |                            |  |  |  |
|  | No Yes  | Have you been convicted or found guilty of an offence against the Architects Act 2004 or the repealed Architects Act 1959?  |                        |                            |  |  |  |
| Office use only  | No Yes Have you been convicted or found guilty of an offence against a Commonwealth Territory or State law punishable by imprisonment for 1 year or longer? |   |                        |                            |  |  |  |
| Fees   | No Yes  | Have you ever had Architects Registration disqualified, cancelled or suspended under the corresponding laws of any other State or Territory?  |                        |                            |  |  |  |
| App fee.<br>Lic. fee.  | If you have answered 'Yes' to any of the above questions please provide details:  |   |                        |                            |  |  |  |
| Other  |   |   |                        |                            |  |  |  |
| Date received  | 5. Declar   | ation   |                        |                            |  |  |  |

I declare that the information contained in and attached to this

I understand that there are severe penalties for providing false or

Signature of applicant

Previous ACT Registration no. (if applicable)

misleading information.

application is complete, accurate and true to the best of my knowledge.

Please attach your passport size photo

here if required to complete Part 2

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Date

## Payment details for financial year 2010-2011

NOTE: Application fee \$112.00 You will receive a registration card upon approval or renewal. Registration/renewal fee \$154.00 \$15.60

A4 certificate

(GST does not apply)

Please indicate if you wish to pay for and receive the A4 certificate

Cheques should be made payable to the "Receiver of Public Monies". Please provide your name and address on the back of the cheque.

## Payment options

IN PERSON - present your cash, cheque, money order or credit/debit card (\$5000.00 maximum payment for credit card) at the ACT Planning and Land Authority Shopfront, ground floor, south, Dame Pattie Menzies House, 16 Challis Street, Dickson, ACT (8:30 am to 4:30 pm Monday to Friday except public holidays).

BY FAX - complete the credit card details and payment details (\$5000.00 maximum payment for credit card) then fax it to ACT Planning and Land Authority on fax number (02) 6207 1925 (Mastercard and VISA accepted).

BY MAIL- enclose a cheque or money order or complete the credit card details and payment details (\$5000.00 maximum payment for credit card) then post it to ACT Architects Board, ACT Planning and Land Authority, GPO Box 1908, Canberra ACT 2601.

ACT ARCHITECTS BOARD ENQUIRIES - Please call (02)6207 6288, facsimile (02) 6207 6438.

## Payment authority - for fax or mail payments only (see above)

| Please charge the a       | to the: | Mastercard | Visa of: |             |   |   |
|---------------------------|---------|------------|----------|-------------|---|---|
| Name of cardholder        |         |            |          |             |   |   |
| Card number               |         |            |          | Expiry date | / | / |
| Cardholder's<br>signature |         |            |          | Date        | / | / |