

Application for Registration as an Architect in the ACT

Architect Act 2004 - s92

Λ =	7

PCT GOVERNMENT	■ Applicat	ion Rene	wal Re	eapplication			
	1. Applicant details						
QCHITECTS 80 PRO	Title	Surnan	пе				
CANBERRA CA	Given names			_ Date of birth//			
VIJAN CAPITAL TO	Residential address						
	uuulooo		Territory/State	Postcode			
Privacy Information	Postal address						
The information you are asked to provide will be used to assess your ability to hold registration as an Architect in the ACT.			Territory/State	Postcode			
	Business address						
			Territory/State	Postcode			
The lawful authority for the collection of this information is the <i>Architects Act 2004</i> . The information may be disclosed to other Architect Registration Authorities.	Home phone		Business phone				
	Mobile phone		Facsimile				
	Email						
Note	2. Docum	entary evidence					
For applicants applying for registration that are not registered in another State or Territory complete points 1, 2,	Please attach certified copies of:	Qualifications	Photo identification	1 x professional reference			
	certified copies of.	AACA APE Certificate	1 x personal referen	ce 1 x passport size photo			
4 & 5. For applicants applying for	3. Regist	ration under Mut	ual Recognitio	n - documentary evidence			
registration under Mutual Recognition (registered in another State or Territory)	Please attach certified copies of:	Interstate registration/s	Photo iden	tification			
complete points 1, 3, 4 & 5. For applicants renewing or	4. Questi	onnaire					
reapplying for registration complete points 1, 4 & 5 and list your previous ACT registration number below your	No Yes			it of any law for the relief of bankrupt or ng an assignment of remuneration for the			
signature .	No Yes	Have you been convicted or for repealed <i>Architects Act 1959</i> ?	ound guilty of an offence ag	ainst the <i>Architects Act 2004</i> or the			

Office use only

Fees
App fee.
Lic. fee.
Other
Date received
/ /
Receipt no.
Licence no.
Receiving officer

Yes

I declare that the information contained in and attached to this application is complete, accurate and true to the best of my knowledge.

law punishable by imprisonment for 1 year or longer?

corresponding laws of any other State or Territory?

If you have answered 'Yes' to any of the above questions please provide details:

I understand that there are severe penalties for providing false or misleading information.

Signature of applicant Date

Have you been convicted or found guilty of an offence against a Commonwealth Territory or State

Have you ever had Architects Registration disqualified, cancelled or suspended under the

Please attach your passport size photo here if required to complete Part 2

Previous ACT Registration No. (if applicable)



Payment details

	Application fee Registration/Renewal fee	\$104.00 \$144.00	
	A4 certificate	\$14.00 (GST does not apply)	
	Please indicate if you wish to pay for and receive the A4 certificate		
		payable to the "Receiver of Public Monies'	
	Please provide your name a	nd address on the back of the cheque.	

Payment options

IN PERSON - present your cash, cheque, money order or credit/debit card (\$5.00 minimum payment and \$2500.00 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 (\$5.00 minimum payment and \$2500.00 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 (\$5.00 minimum payment and \$2500.00 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 1925.

Payment authority - for fax or mail payments only (see above)							
Please charge the amount of \$	to the: Mastercard Visa of:						
Name of cardholder							
Card number	Expiry date / /						
Cardholder's signature	Date / /						