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| To the RegistrarBoard of Architects of Tasmania **GPO Box 457** HOBART TAS 7001 | | | |
|  | | | |
| I, the undersigned, do hereby apply for registration under the provision of the Architects’ Act 1929. | | | |
| My titles (Mr/Mrs/Ms/Dr……) |  | | |
| First Name |  | | |
| Second Name |  | | |
| Last Name |  | | |
| Business Address |  | | |
| Private Address |  | | |
| Postal Address |  | | |
| Phone Number |  | Mobile phone |  |
| Email Address |  | | |
| Date of birth | DD / MM / YYYY | | |
| Place of birth |  | | |
|  | | | |
| The qualifications & documents which I submit in support of my application are: | | | |
| Current interstate registration |  | | |
| Brief CV of work as an Architect |  | | |
| Evidence for fee payment |  | | |
| Other (listed): |  | | |
|  |  | | |
| Please sign below | | | |
| Applicant Signature: | | | |
| Dated: DD / MM / YYYY | | | |
|  |  | | |
|  |  | | |
| Office use only\* This sheet is not filled in by Applicant | | | |
|  | | | |
|  | | | |
|  | | | |
| Date Received | / / | | |
| Qualifications for Registration | YES / Not sufficient | | |
| Payment Details | Receipt No. | | |
|  | Date banked: / / | | |
|  | Amount: $ | | |
| Number in Register |  | | |
| Date of Certificate | / / | | |
| Architect Advised via Email | / / | | |
| Posted on | / / | | |
| Dealt with at Meeting of Board | / / | | |
|  | | | |
|  | | | |
| All communications to be addressed to: | | | |
|  |  | | |
|  | **The Registrar**  **Board of Architects of Tasmania**  GPO Box 457  Hobart TAS 7001  Tel. 03 6234 8188 | | |
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|  | Email: registrar@architectsboardtas.org.au | | |
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