

Second Name

APPLICATION FOR REGISTRATION FORM

THE ARCHITECTS' ACT 1929 - Tasmania

To the Registrar

Board 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

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 w	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	



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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

Email: registrar@architectsboardtas.org.au