



**Application for Deemed Registration –
Automatic Mutual Recognition Notification**
THE ARCHITECTS' ACT 1929 - Tasmania

To the Registrar GPO Box 457 Hobart Tas 7001
Board of Architects of Tasmania Tel: 03 6234 8188
Email: registrar@architectsboardtas.org.au

I, the undersigned, do hereby apply for deemed registration in the Class of Practising Architect (AMR) under the Architects' Act 1929 and acknowledge my responsibilities under the Code of Practice including being covered by a sufficient level of Professional Indemnity Insurance at all times, and complying with the continuing professional development requirements unless granted an exemption by the Board

Home State _____ Registration Number _____
Salutation (Mr/Mrs/Ms/Dr...) _____ Last Name _____
Given Names _____
Gender Male Female Other _____
Postal Address _____
Private Address _____
Phone Number _____ Mobile phone _____
Email Address _____ Date of birth / / _____
Your email address will be used as your primary contact address so please ensure you advise us of any changes

Architectural firms operating in Tasmania need to be Registered

Business Name/Employer _____
Business/Employer ABN _____
Business/Employer Tasmanian Registration Number _____

I certify that I am not an undischarged bankrupt or had my registration as an architect refused, suspended or cancelled anywhere in Australia.
In signing this declaration, I acknowledge that a failure to be covered by, and maintaining, a sufficient level of professional indemnity insurance may result in disciplinary action. Not holding professional indemnity insurance will result in immediate suspension of registration.

Applicant Signature: _____
Dated: / / _____

**The completed form is to be signed by the Applicant and lodged with the Registrar
No fee required**