



# Application for Registration as a Practising Architect

## THE ARCHITECTS' ACT 1929 - Tasmania

To the Registrar

Board of Architects of Tasmania

Email: [registrar@architectsboardtas.org.au](mailto:registrar@architectsboardtas.org.au)

GPO Box 457 Hobart Tas 7001

Tel: 03 6234 8188

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

Registration Number	_____			Last Name	_____		
Salutation (Mr/Mrs/Ms/Dr...)	_____			Given Names	_____		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Date of birth	/	/	_____
Email Address	_____			Place of Birth	_____		
Your email address will be used as your primary contact address so please ensure you advise us of any changes							
Business Name/Employer	_____			ABN	_____		
Business Address	_____						
Private Address	_____						
Preferred Postal Address	<input type="checkbox"/> Business Address	<input type="checkbox"/> Private Address	_____				
Other	_____						
Phone Number	_____			Mobile phone	_____		
Academic Qualification	_____			Date	_____		
Institution	_____						

### Professional Indemnity Insurance

In signing this form, I acknowledge that a failure to be covered by, and maintaining a sufficient level of professional indemnity insurance may result in disciplinary action. Not being covered by professional indemnity insurance will result in immediate suspension of registration.

The Responsible architect for my employer has provided confirmation that I am covered by the firms insurance policy for work undertaken by that employer

I certify that I am not an undischarged bankrupt or had my registration as an architect refused, suspended or cancelled anywhere in Australia

Applicant Signature: \_\_\_\_\_

Dated:     /     /     \_\_\_\_\_

**The completed form is to be signed by the Applicant and lodged via email with the Registrar, and the application and certificate fees of \$ 106.80 (No GST) be paid into the Board's Commonwealth Bank account 067 000 2804 5734**