

Application for Registration as a Practising Architect

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 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	Male Female 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 Other	Business Address Private Address
Phone Number	Mobile phone
Academic Qualification	Date
Institution	
Professional Indemnity Insurance	
	ge that a failure to be covered by, and maintaining a sufficient level of e may result in disciplinary action. Not being covered by professional indemnity e suspension of registration.
	for my employer has provided confirmation that I am covered by the firms 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 fee \$89.00, certificate fee \$ 17.80 and annual registration fee \$ 80.10 totalling \$ 186.90 (No GST) be paid into the Board's

Commonwealth Bank account 067-000 2804 5734