

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 Tasma	
Email: registrar@architectsk	Joar utas.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	Business Address 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 Nominated Architect and lodged with the Registrar, with fees of \$84.15 for Registration, \$18.70 for Certificate and \$93.50 Application fee, totaling \$196.35 (No GST) be paid into the Board's Commonwealth Bank account 067 000 2804 5734