

NORTHERN TERRITORY ARCHITECTS BOARD

APPLICATION FOR REGISTRATION AS AN ARCHITECT UNDER THE *MUTUAL RECOGNITION ACT 1992*

PLACE PASSPORT
PHOTOGRAPH HERE

DETAILS OF APPLICANT

SURNAME	
GIVEN NAMES	
DATE OF BIRTH	
PLACE OF BIRTH	

ADDRESS

RESIDENTIAL ADDRESS	
POSTAL ADDRESS	

EMPLOYMENT DETAILS (if applicable)

EMPLOYER / PRACTICE NAME		
ADDRESS		
TELEPHONE	Tel: _____	Mobile: _____
EMAIL ADDRESS		

I APPLY FOR REGISTRATION AS AN ARCHITECT IN THE NORTHERN TERRITORY IN ACCORDANCE WITH THE PRINCIPLES OF MUTUAL RECOGNITION.

DETAILS OF INTERSTATE REGISTRATION

I am currently registered in _____ (State)

Registration number _____ Date of Registration _____

Attach current registration document or a copy of it.

I certify that the registration document attached is a complete and accurate **copy**.

I am registered in the following other States and Territories (list all, with registration numbers and dates):

SPECIAL CONDITIONS

Specify any special conditions to which the applicant is subject in carrying on the occupation in any State.

STATUTORY DECLARATION

I, _____
(full Name)

of _____
(address)

in relation to this application for registration, do solemnly and sincerely declare that:

- (a) The statements and information in this notice are correct to the best of my knowledge and belief.
- (b) I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my registration as an architect.
- (c) My registration in any State or Territory is not cancelled or currently suspended as a result of disciplinary action.
- (d) I am not otherwise personally prohibited from working as an architect in any State or Territory, and I am not subject to any special conditions in working as an architect as a result of criminal, civil or disciplinary proceedings in any State or Territory.
- (e) I consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory regarding my activities as an architect, and in other matters relevant to this application.
- (f) I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* and conscientiously believe the statements contained in this declaration to be true in every particular. I acknowledge that a person wilfully making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty or imprisonment, or both.

Declared at _____ Place and State / Territory

on the _____ day of _____ 20____

Signature of person making declaration _____

Before me _____
(Signature of person before whom the declaration is made)

(Name and contact address or telephone number before whom the declaration is made, legibly written, typed or stamped)

This declaration may be made before any person who has attained the age of (18) eighteen years.

NOTE: Making a declaration knowing it is false is an offence for which you may be fined or imprisoned.

PRIVACY NOTICE

The Northern Territory Architects Board, under the *Architects Act*, collects the information on this form, or otherwise provided by you, to process your application for registration. Failure to provide the information in full or in part may result in your application for registration being refused.

Some of the personal information provided by you will be made publicly available, including through the Northern Territory Government Gazette and Internet, as part of a Public Register. Any personal information provided can be subsequently accessed by you on request.

If you have any queries please contact the Architects Board on telephone (08) 8936 4079.

Payment options	
<input type="checkbox"/>	Cash – for lodgement over the counter only
<input type="checkbox"/>	Cheque - payable to RTM (Receiver of Territory Monies)
<input type="checkbox"/>	Credit Card
Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number	
Expiry date	
Cardholders Name	
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of	
	\$
Cardholders Signature	Date:
Paid on behalf of	Name of applicant
Address to which Receipt is to be sent	Mailing address of Payer
Contact Phone Number	
Lodgement options	
Applications may be lodged at a Territory Business Centre near you:	
<p>Darwin Darwin Corporate Park, Ground Floor, Building 3 631 Stuart Highway Berrimah NT 0828 GPO Box 9800 Darwin NT 0801 t (08) 8982 1700 f (08) 8982 1725 Toll free 1800 193 111 e territory.businesscentre@nt.gov.au</p>	<p>Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t (08) 8973 8180 f (08) 8973 8188 e territory.businesscentre@nt.gov.au</p>
<p>Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Street Tennant Creek PO Box 9800 Tennant Creek NT 0861 t (08) 8962 4411 f (08) 8982 1725 e territory.businesscentre@nt.gov.au</p>	<p>Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t (08) 8951 8524 f (08) 8951 8533 e territory.businesscentre@nt.gov.au</p>