NORTHERN TERRITORY ARCHITECTS BOARD

Application for renewal of registration as an individual architect

Use this application to apply for registration as individual architect in accordance with 12A and regulation 3 of the Architects Act 1963.

For further information on your requirements please see the NT Architects Board website.

Applicant details							
Registration number: AR							
Surname:					Date of bir	th:	
Given name/s:							
Business address:							
Suburb:				State:		Postcode:	
Is your postal addre	ess th	he same as above? If no, comp	lete be	low:			
Postal address:							
Suburb:				State:		Postcode:	
Contact details							
Phone number:			Mobi	ile numbei	r:		
Email address:							
Employer details							
Employer name:							
Employer registrati	on:	AR					
Business address:							
Suburb:				State:		Postcode:	
Phone number:			Mobi	ile numbei	r:		
Email address:							
Disclosures							
1. Have you, since your last renewal, been convicted of a criminal offence (other than a minor traffic offence) or are any court proceedings pending?				an a	Yes / No		
(If yes, provide details below)							
2. Are you an undischarged bankrupt or have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit?				Yes / No			
(If yes, provide deta	ails b	elow)					



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registration of	er been disqualified from holding a registration or certificate, or had a or certificate cancelled, suspended or refused (including interstate licences, or registrations)?	Yes / No
(If yes, provide	details below)	
-	any work you have done, have you ever been fined, reprimanded or rany breach of rules, professional conduct or code of ethics?	Yes / No
(If yes, provide	details below)	
or substantia significant sh company bei	the last 5 years been a Director, Secretary or a person in a position to control ally influence a company's conduct or affairs (such as a shareholder with a pareholding, a financier or a senior employee) within 12 months of that an ang placed in receivership, administration, official administration, under a deed arrangement, in liquidation or wound up for the benefit of creditors?	Yes / No
(If yes, provide	details below)	
Applicant decl	aration	
I, (full name)		
Of: (address)		
Do solemnly ar	nd sincerely declare that:	
	ements and information contained in this application are true and correct to the dge by virtue of the Oaths, Affidavits and Declarations Act 2010; and	best of my

- I have read and understood the information contained in this application and associated guidelines and accept that failure to supply information required on this form may delay processing of this application;
- I give the Northern Territory Architects Board consent to make any inquiries and to receive and disclose information which is relevant to my ongoing eligibility to be registered as an architect;
- I acknowledge that information (name, business address and telephone number) will be placed on a public register;
- I understand and acknowledge my legal obligations under the NT Architects Act 1963 if renewal is granted; and
- I know that it is an offence to make a declaration which is false in any material particular.

This declaration is made	e at: (location)	on: (da	ate)
Applicant signature:			
Note: Under the Oaths, Affidavits and Declarations Act 2010 a person wilfully making a false statement or			

altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.

Checklist requirements			
Prescribed application fee – See the <u>forms page</u> for current fee.			
Completed and signed declaration			
Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children's card etc.			
Privacy statement			
The Northern Territory Government and the Northern Territory Architects Board complies with the Information Privacy Principals scheduled by the <i>Information Act 2002</i> .			
Disclaimer			

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to Occupational Licensing and Associations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Lodgement				
Complete applications can be lodged in person, email or via post at a Territory Business Centre below:				
Darwin:	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah			
Katherine:	Big Rivers Government Centre, 5 First Street, Katherine			
Tennant Creek:	Barkly Business Hub, 63 Haddock Street, Tennant Creek			
Alice Springs:	Ground Floor, The Green Well Building, 50 Bath Street Alice Springs			
1800 193 111	territorybusinesscentre@nt.gov.au GPO Box 9800 Darwin NT 0801			

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies in person/mail); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

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Payment date:	Receipt number:	Amount paid:	
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