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| Use this application to apply for registration as architect company or partnership in accordance with 12A of the [*Architects Act 1963*.](https://legislation.nt.gov.au/en/Legislation/ARCHITECTS-ACT-1963)  Please note, under section 19A of the *Architects Act 1963,* companies must lodge an annual statement in July each year. The penalty for not lodging an annual statement is deregistration of the company, under section 20C of the Act.  For further information please see the [NT Architects Board](https://architects.nt.gov.au/) website. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Business name (if applicable) | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| ACN |  | | | | | | | | | | ABN | | |  | | | | | | | | | | | | |
| Business address | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | |  | | | | | | | | State | | |  | | | | Postcode | | | | |  | |
| Is your postal address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | State | | |  | | | | Postcode | | | | |  | |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | | |  | | | | | | | | Mobile number | | | | | |  | | | | | | | | |
| Email address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Person authorised to act on behalf of the applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Given name/s | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Nominated architect/s** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | | | | Registration number: | | | | | | AR | |  | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | | | | Registration number: | | | | | | AR | |  | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **List of directors/partners** (to be supported with a current ASIC extract) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | State | | |  | | | | Postcode | | | | |  | |
| Full name | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | State | | |  | | | | Postcode | | | | |  | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has the Corporation, a director or other person concerned in the management of the Corporation, been convicted, fined, or disqualified by any court, tribunal, board or other authority of the Territory, the Commonwealth or a State or another Territory of the Commonwealth, in respect of any business or other financial dealings in or outside the Territory, or been a member of a company so dealt with? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Has any director or person concerned in the management of the Corporation been convicted of any offence(s)? If yes, quote the offence(s), relevant date(s), jurisdiction(s) and sentence(s)? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Has any director or person concerned in the management of the Corporation been declared bankrupt or assigned their estate for the benefit of creditors? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. In respect of any work you have done, have you ever been fined, reprimanded or cautioned for any breach of rules, professional conduct or code of ethics? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Has any director or person concerned in the management of the Corporation been or are currently bound by any recognisance (bail condition) or the subject of any charge pending in relation to any offence(s) before a court or Commission of Inquiry? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Consent for document verification** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - <https://www.idmatch.gov.au>. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that I am authorised to provide the personal details presented and I consent to the document details I’ve provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service. | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address) | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Do solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I am authorised to act on behalf of the applicant; and * I have read and understood the information contained in this application and accept that failure to supply information required on this form may delay processing of this application; and * I give the Northern Territory Architects Board consent to make any inquiries and to receive and disclose information which is relevant to the ongoing eligibility of the applicant to be registered as an architectural business; and * I acknowledge that information (name, business address and telephone number) will be placed on a public register; and * I understand and acknowledge the legal obligations of the licensee under the *NT Architects Act 1963* if the application 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 at (location) | | | | | | | | | |  | | | | | | | | | on (date) | | |  | | | | |
| 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 [forms page](https://architects.nt.gov.au/forms) for current fee. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Completed and signed declaration. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ASIC Extract (in case of a company) current to within 30 days from the date of this application. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Copy of the company constitution required under section 14B of the *Architects Act 1963.*  **Note:** Under section 14B of the *Architects Act 1963,* you must notify the Board of any intention to amend your company’s constitution, memorandum, charter, or statute and provide a copy of a proposed resolution to give effect to that intention. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Criminal history name check results for each director and each person concerned in the management and control of the business to ensure compliance with the probity requirements of the *Architects Act 1963* (unless they hold a current NT registration*)* attached. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached for each person associated with the application attached.  **For example:** Driver’s 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 respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Information Act 2002* (NT).  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 the Territory Business Centre and Occupational and Industry Licensing 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, or 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 *Information Act 2002* (NT), 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 | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek | | | | | | Barkly Business Hub, 63 Haddock Street | | | | | | | | | | | | | | | | | | | | |
| Alice Springs | | | | | | Ground Floor, The Green Well Building, 50 Bath Street | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto: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. | | | | | | | | | | | | | | | | | | | | | | | | | | |