



# Architects Act 2004 – s92 Notification - intention to use the term Architect and Registered Architect

## Interstate registrant details

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Residential address \_\_\_\_\_  
 \_\_\_\_\_ Territory/State \_\_\_\_\_ Postcode \_\_\_\_\_

Business address \_\_\_\_\_  
 \_\_\_\_\_ Territory/State \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Facsimile \_\_\_\_\_

Email \_\_\_\_\_

## Registration details for State/Territory where you hold residence

State/Territory \_\_\_\_\_ Date first registered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registration No. \_\_\_\_\_ Registration expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Please attach to this notification a *certified copy* of photo identification which contains your current residential address

## Questionnaire

- No  Yes Have you been bankrupt, or are applying to take the benefit of any law for the relief of bankrupt or insolvent debtors, or compounding with creditors or making an assignment of remuneration for the benefit of creditors?
- No  Yes Have you been convicted or found guilty of an offence against the *Architects Act 2004* or the repealed *Architects Act 1959*?
- No  Yes Have you been convicted or found guilty of an offence against a Commonwealth Territory or State law punishable by imprisonment for 1 year or longer?
- No  Yes Have you ever had Architects Registration disqualified, cancelled or suspended under the corresponding laws of any other State or Territory?

If you have answered 'Yes' to any of the above questions please provide details: .....

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## Declaration

**I declare** that the information contained in and attached is complete, accurate and true to the best of my knowledge.

**I understand** that there are severe penalties for providing false or misleading information and am aware of my responsibilities as stipulated within the ACT Architects Act 2004.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Privacy information

Information you are asked to provide will be used to assess your ability to hold registration as an Architect in the ACT.

The lawful authority for the collection of this information is the *Architects Act 2004*. The information may be disclosed to other architect registration authorities.

### Note

Should your registration within the State/Territory of which you hold residence expire, be cancelled, suspended and/or disqualified this notification will be subject to your eligibility.

### Office use only

Date received

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Receiving officer

\_\_\_\_\_

Approved

Yes  No

**Payment details for financial year 2010-2011**

NOTE: Intention to use the term Architect \$19.70 (GST does not apply)

Cheques should be made payable to the "Receiver of Public Monies".  
Please provide your name and address on the back of the cheque.

**Payment options**

IN PERSON - present your cash, cheque, money order or credit/debit card (\$5000.00 maximum payment for credit card) at the ACT Planning and Land Authority Shopfront, ground floor, south, Dame Pattie Menzies House, 16 Challis Street, Dickson, ACT (8:30 am to 4:30 pm Monday to Friday except public holidays).

BY FAX - complete the credit card details and payment details (\$5000.00 maximum payment for credit card) then fax it to ACT Planning and Land Authority on fax number (02) 6207 1925 (Mastercard and VISA accepted).

BY MAIL- enclose a cheque or money order or complete the credit card details and payment details (\$5000.00 maximum payment for credit card) then post it to ACT Architects Board, ACT Planning and Land Authority, GPO Box 1908, Canberra ACT 2601.

ACT ARCHITECTS BOARD ENQUIRIES - Please call (02)6207 6288, facsimile (02) 6207 6438.

**Payment authority - for fax or mail payments only (see above)**

Please charge the amount of \$ \_\_\_\_\_ to the:  Mastercard  Visa of:

Name of cardholder \_\_\_\_\_

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_