Architects Act 2004 – s92 - Change of address details\ replacement registration card ACT architects registration

A4

1. Details (Please nominate an option)

☐ Change of address details ☐ Replacement Registration Card *(Please provide a certified copy of photo identification)*

Reason for replacement: ☐ Lost card ☐ Card destroyed ☐ Card stolen ☐ Other .....

2. Practitioner details

Organisation _____ ACN _____

Title _____ Surname _____

Given names _____ Date of birth ___ / ___ / ___

Residential address _____

_____ State/Territory _____ Postcode _____

Postal address _____

_____ State/Territory _____ Postcode _____

Business address _____

_____ State/Territory _____ Postcode _____

Home phone _____ Business phone _____

Mobile phone _____ Facsimile _____

Email _____

Contact person _____ Registration number _____

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.

3. Declaration

I, (print name) ..... declare that all the information contained in, and attached to this form is complete, accurate and true to the best of my knowledge.

I understand that there are severe penalties for providing false or misleading information.

Signature _____ Date ___ / ___ / ___

4. Fees and charges for financial year 2010-2011

Replacement registration card fee $38.30

Please provide your name and address on the back of the cheque and make payable to the **'Receiver of Public Monies'.**

Present this form:

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 Customer Service Centre, 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 and payment details ($5000.00 maximum payment for credit card) then fax it to ACT Planning and Land Authority Customer Service Centre on fax number (02) 6207 1925 (Mastercard and Visa accepted).

Please charge the amount of **$** ..... to the: ☐ Mastercard ☐ Visa of:

Name of cardholder _____

Card number _____ Expiry date ___ / ___ / ___

Cardholder's signature _____ Date ___ / ___ / ___

BY MAIL enclose a cheque or money order or complete the credit card 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.

ENQUIRIES Please call (02) 6207 6288, facsimile (02) 6207 6438.

Office use only

Fees

App fee.

Lic. fee.

Other

Date received

___ / ___ / ___

Receipt no.

Licence no.

Receiving officer

Approved form AF2010-162 approved by Nino Bellantonio Chair Architects Board on 8 July 2010 under section 92 of the Architects Act 2004 and revokes AF2009-182
Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au