**APPLICATION FOR REGISTRATION**



SURNAME:       FIRST:       MIDDLE:

HOME ADDRESS:

PHONE LANDLINE:       MOBILE:       FAX:

DATE OF BIRTH: d       m       y       COUNTRY OF BIRTH:       NATIONALITY:

BUSINESS ADDRESS:       EMAIL:

PHONE LANDLINE:       MOBILE:       FAX:

POSITION / TITLE:       FIELD OF PRACTICE:

MAILING ADDRESS (Line 1):

MAILING ADDRESS (Line 2):

**CARICOM, NON-NATIONALS**

COUNTRY OF RESIDENCE/WORK ADDRESS/HOME ADDRESS:

BOARD OF ARCHITECTURE/LOCAL CHAPTER/JURISDICTION:

REGISTRATION No.:       CERTIFICATION No.:

PERIOD:       PERIOD:

ISSUE DATE: d       m       y       PLACE:       ISSUE DATE: d       m       y       PLACE:

CITIZEN OF TRINIDAD AND TOBAGO BY: BIRTH[ ]  ADOPTION [ ]  REGISTRATION[ ]  NATURALIZATION [ ]

CITIZENSHIP No.:       ISSUE DATE: d       m       y

MARITAL STATUS:       SEX: M [ ]  F [ ]  I.D. No./PASSPORT No.:

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| COLLEGE/UNIVERSITYLOCATION | ATTNEDANCEMONTH/YEAR | QUALIFICATION OBTAINED | YEAR OF GRADUATION |
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**APPLICATION FOR REGISTRATION**



**PROFESSIONAL ORGANIZATIONS & MAILING ADDRESSES**

|  |  |  |
| --- | --- | --- |
| NAME | MEMBERSHIP GRADE | YEAR OF ELECTION |
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ARCHITECT PROFESSION ACT No. 19 OF 1992

**Qualification for registration:**

17. (1) A person who holds membership at the grade of Member or Fellow in the Institute of Architects at the date of commencement of this Act and who continues to hold such membership is entitled as of right to be registered as a registered architect.

17. (2) Subject to section 18, a person is entitled to be registered as a registered architect under this Act, if on application made to the Board, he satisfies the Board that-

 (a) he is qualified to be registered as a registered architect; and

 (b) he is a fit and proper person to practice as a registered architect.

17. (3) For the purpose of subsection (2), a person is qualified to be registered as a registered architect if –

 (a) he has been awarded a degree, diploma or other professional qualification in architecture granted by a University or School of Architecture that, in the opinion of the Board, is evidence of satisfactory trraining in architecture; and

 (b) he has not less than three years experience in the practice of architecture, one year of which may be practical experience as may be approved by the Board, gained during his pursuit of the professional qualification referredd to in paragraph (a).

17. (4) An application for registration shall be made to the Secretary of the Board on a form approved by the Board.

17. (5) A person who wishes to be registered under this Act shall furnish to the Secretary of the Board-

 (a) evidence of his qualifications and experience;

 (b) proof of his identity; and

(c) such other information as the Board requires in respect of the matters referred to in subsection (3) or under subsection (1) of section (18), as the case may be.

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**APPLICATION FOR REGISTRATION**



**PROFESSIONAL EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| YEAR TO YEAR | COMPANY NAME AND ADDRESS | NATURE OF DUTIES | EXTENT OF RESPONSIBILITIES |
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**NAME TWO PERSONS WHO ARE REGISTERED ARCHITECTS WITH THE BOARD OF ARCHITECTURE OF TRINIDAD AND TOBAGO TO WHOM WE CAN REFER FOR VERIFICATION OF WORK EXPERIENCE AND OR CHARACTER.**

NAME:       ADDRESS:

NAME:       ADDRESS:

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FILL OUT AND RETURN THIS FORM WITH A (TT$250.00) NON-REFUNDABLE APPLICATION FEE AND SUBMIT A COPY OF QUALIFICATIONS AND PROFESSIONAL ORGANIZATION MEMBERSHIP WITH APPLICATION.**

|  |  |
| --- | --- |
| THE SECRETARY / REGISTRAR | DATE: |
| BOARD OF ARCHITECTURE OF TRINIDAD AND TOBAGO |
|  |
|  | SIGNATURE OFAPPLICANT:  |
|  |
|  |

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**APPLICATION FOR REGISTRATION**



|  |
| --- |
| **FOR OFFICIAL USE ONLY** |

**EVIDENCE OF QUALIFICATION**

|  |  |
| --- | --- |
| DEGREE/DIPLOMA FROM AN ACCREDITED SCHOOL OF ARCHITECTURE |  |
| **SATISFACTORY PASS GRADE PROFESSIONAL PRACTICE EXAMINATION** | APPROVED OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**APPLICANT INTERVIEWED BY:** REGISTERED ARCHITECT:      DATE: d       m       y

ACCREDITATION/ASSESSMENT REGISTERED ARCHITECT:      DATE: d       m       y

COMMITTEE REGISTERED ARCHITECT:       DATE: d       m       y

**RECOMMENDATION**

ACCREDITATION COMMITTEE APPROVED REGISTERED ARCHITECT:       DATE: d       m       y

ASSESSMENT COMMITTEE APPROVED REGISTERED ARCHITECT:       DATE: d       m       y

**CARICOM/NON-NATIONALS**

BOARD OF ARCHITECTURE:

CERTIFICATE OF REGISTRATION:       LICENSE No.:

OTHER PROFESSIONAL CERTIFICATES/CREDENTIALS:

**BOARD OF ARCHITECTURE INVESTIGATION**

**BOARD OF ARCHITECTURE APPROVAL: STAMP**

SECRETARY/REGISTRAR:

DATE: d       m       y

CHAIRMAN:

DATE: d       m       y

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