



Form 02B

Request for Information under the Trans-Tasman Mutual Recognition Act (TTMRA)

The New Zealand Registered Architects Board is requested to confirm the registration status of the applicant listed below in support of their application for registration as an architect in NSW, Australia.

Applicant Information	
Full Name	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified <input type="checkbox"/>
Registration Number	
Date First Registered	Registration Expiry Date
Registration Category	Full <input type="checkbox"/> Non-practising <input type="checkbox"/> Retired <input type="checkbox"/>
Academic Qualification and University	
Date Conferred	

The Applicant	
Is currently registered with your registration authority.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Holds a current practising certificate.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is a subject of a disciplinary proceeding (including any preliminary investigations or actions that might lead to disciplinary proceedings). If YES, please attach details.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has had their registration cancelled or is currently suspended as a result of disciplinary action. If YES please attach details.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is personally prohibited from practising as an architect and is subject to special conditions in carrying out that practice, as a result of criminal, civil or disciplinary proceedings. If YES, please attach details.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is subject to special conditions in carrying out their profession as an architect. If YES, please attach details.	No <input type="checkbox"/> Yes <input type="checkbox"/>

We are aware of our obligation to keep the NSW Architects Registration Board informed of any disciplinary action taken against this person after this date.

Signature: _____ **Full name:** _____

Position: _____ **Registration Authority:** _____

Date: _____