



THE ARCHITECTS REGISTRATION BOARD OF JAMAICA
2A Caledonia Crescent, Kingston 5. Telephone: 926-8060



**THE ARCHITECTS REGISTRATION BOARD
THE JAMAICAN INSTITUTE OF ARCHITECTS**

ORAL INTERVIEW APPLICATION FORM

First Name: Middle Initial:

Last Name:

Gender: ___ Female ___ Male Date of Birth:

Address: Street Name & No.:

City :

E-mail:

Telephone:

I hereby apply to

___ be registered with the Architects Registration Board

___ become a member of the Jamaican Institute of Architects

and enclose the following supporting documents:

1. Verification of approval of my Case Study
2. Verification that I have passed the written examination
3. Application fee of

___ \$1,000.00 for the Architects Registration Board

___ \$1,000.00 for the Jamaican Institute of Architects

Signed:

Date: