



# THE ARCHITECTS REGISTRATION ACT

1

## APPLICATION FOR REGISTRATION AS AN ARCHITECT

### INSTRUCTIONS

1. Application may be made on this form for registration in any one of the following 4 classifications.  
**SECTION 7**      Classification 'A'      : For registration by oral or written examination  
**SECTION 10 (1)**      Classification 'B'      : Special registration  
**SECTION 11 (1)**      Classification 'C'      : Temporary registration  
**SECTION 24 (1)**      Classification 'D'      : Persons practising as architect at the commencement of the Act.
2. State below under which classification you are applying for Registration. Also, provide as completely as possible all information called for.
3. All applicable spaces must be filled in; and you must furnish supporting evidence in the form of letters, statements, certificates, photographs, professional documents or other exhibits as may be required by the Board to establish your technical and professional fitness for Registration.
4. Use typewriter or ink lettering. **Do not use pencil.**
5. Prior to completing this application, you should become familiar with the Architects Registration Act 1987 and the Regulations made thereunder regulating the practice of architecture in Jamaica.
6. This application must be witnessed by either a Justice of the Peace, or Notary Public.
7. For information relating to fees, see rules of the Architects Registration Board.
8. Each application must be accompanied by two recent photographs of the applicant. The photographs must be certified by either a Justice of the Peace, or Notary Public.

### TO THE ARCHITECTS REGISTRATION BOARD OF JAMAICA:

I hereby apply for a certificate of registration as an Architect in Jamaica under the Architects Registration Act

**SECTION 7** ☐      **SECTION 10 (1)** ☐      **SECTION 11 (1)** ☐      **SECTION 24 (1)** ☐

(Tick where applicable)

and enclose herewith application fee of \$ \_\_\_\_\_

*(Please check preferred mailing address)*

Name \_\_\_\_\_  
First Middle Last

Business Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_

Residence Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_



**CONTINUING EDUCATION****3**

INSTITUTION	COURSE OF STUDY	COMMENCEMENT DATE	COMPLETION DATE

**SPECIAL DRAWINGS, PAPERS/REPORTS ETC.**

AREA	CONTENT - MAIN SPECIFICATIONS	CLIENT

**ARCHITECTURAL EXPERIENCE RECORD**

Fill in below your architectural work experience record.  
Applicants in Classification 'A' must comply with the Provisions of the enclosed guidelines.

FIRM'S NAME	ADDRESS	DATE OF EMPLOYMENT	REASONS FOR LEAVING

Have you ever been subject to disciplinary action by a Board?      Yes ————— No —————  
If answer is Yes, give full details on separate sheet.

**ARCHITECTURAL REGISTRATION RECORD: (All Applicants)**

4

State what unexpired certificates of registration you now hold, their date of current renewal receipts, whether granted upon written examination or otherwise, and name of issuing Board, if applicable

NAME OF BOARD	DATE OF CERTIFICATE	EXPIRY DATE	BY WRITTEN EXAM. Junior, Senior, Profes- sional or by Exemption

Have you held registration in any other country in the past which registration has now expired? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, advise circumstances under which registration was surrendered:


**WORK PERFORMED: Classification 'C' Applicants**

List here at least one building completed for each of at least ten clients for which building you have been identified as the Architect on Records.

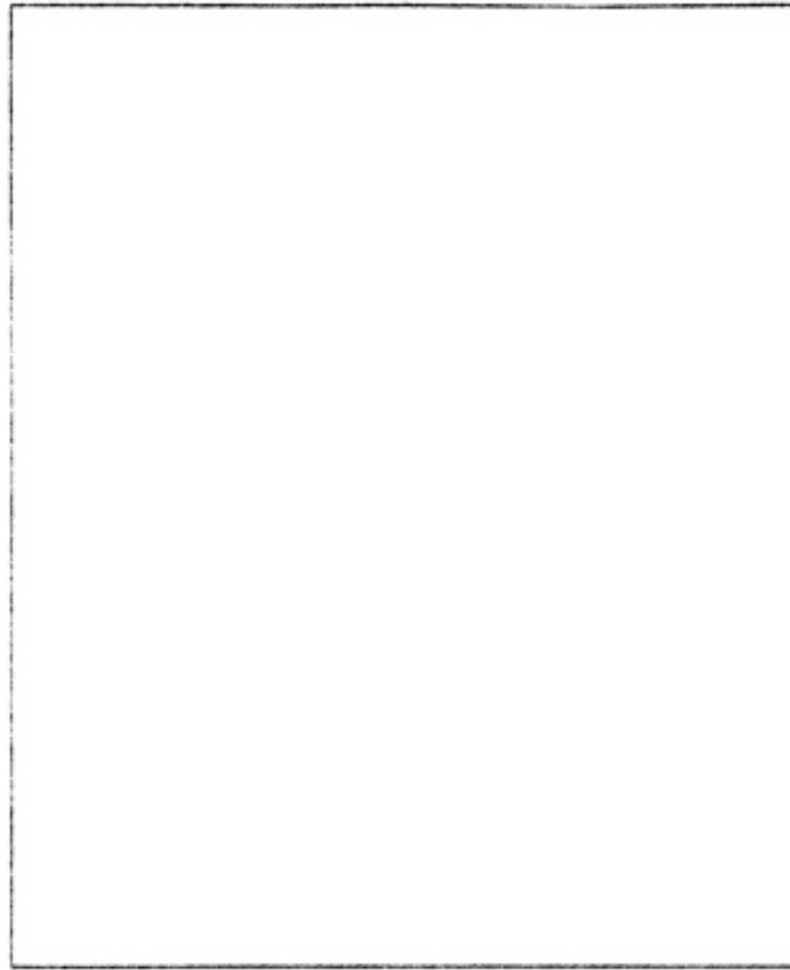
Type of Building	Location	Name & Address of Client	Approx. Cost	Date of Completion

**REFERENCES: (All Applicants)**

List names and addres of at least three references having knowledge of your character and qualifications for practising architecture and state the coccupation of and your social or professional relationship with each.

Name	Occupation or Relationship	Address & Telephone No.





**DECLARATION OF APPLICANT (READ CAREFULLY BEFORE SIGNING)**

I hereby certify that all statements on this application are true , and I agree and understand that any mis-statements of material facts herein will cause forfeiture on my part of all rights to be registered as an architect.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

J.P. ☐

Notary Public ☐

I hereby apply to be registered as an Architect and declare that I am the person in the enclosed diplomas or certificates and that the above information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(To be completed by a Registered Architect or by other professional person of good standing in the country of residence of the applicant who has known the applicant for at least one year.)

I \_\_\_\_\_  
(Full name in block letters)

of \_\_\_\_\_  
(Address)

certify that I have been acquainted with the applicant for \_\_\_\_\_ years, and that he is of good character.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Qualification

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

REMARKS \_\_\_\_\_

EDUCATION \_\_\_\_\_ TRAINING \_\_\_\_\_

EXPERIENCE \_\_\_\_\_

OTHER COMMENTS (If any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Issued \_\_\_\_\_

Date Received \_\_\_\_\_

Date presented to Registration Board \_\_\_\_\_

Date from Registration Board \_\_\_\_\_

Class to which recommended \_\_\_\_\_

Candidate advised \_\_\_\_\_

Date of Registration \_\_\_\_\_

Date Applicant advised \_\_\_\_\_

Date fees received \_\_\_\_\_

Registration No \_\_\_\_\_

Initials

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date