

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS A
AN ARCHITECTURAL TECHNICIAN**

Dated _____

[Made under By-law 4]

1 PERSONAL INFORMATION

Family Name: _____	First Name: _____	Other Names: _____
Place of Birth Country, _____	Date of Birth Year, _____	Other Particulars Nationality, _____
City, _____	Month, _____	Sex, Male / Female _____
District, _____	Day, _____	Marital status _____

2 **Current Postal Address** P. O. Box _____
Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____

3 **Physical Address(Local):** (Location of Registered Office)
House No. _____ Block No _____ Street Name: _____ Town/City: _____

4 **Name and Contact Address of the Academic Institution that trained you:**
Name _____ Box No. _____
Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____

This application Form contains fifteen sections and each must duly be filled in before it is processed by the Board .

7 **Personal References** :(Referees must be Architects registered with the Board in Tanzania)

Referees	Address (Postal, Mob.. No & e-mail)	Association/Relationship with the applicant
Name		
Signature		
(ii) Name		
Signature		
(iii) Name		
Signature		

8 Have you been **registered with any other similar Board in the past?** Yes/No.

If Yes, Which Board? _____, in which country? _____
and when? _____. Have you been de-registered there? Y/N if Yes When? _____

9 Have you been **de-registered with our Board in the past?** Yes/No.

If Yes, **Why** were you de-registered? _____

10. Are you registered by Architects Association of Tanzania? Yes/No.

If Yes What is your Registration No.....

11 The prescribed Fee for Registration (registration, annual subscription and certificate of registration fees) shall be paid at the time of application.

Registration fee of TShs/US\$ _____ and _____ in words, _____ is enclosed in cash / vide
Cheque no. _____ of _____ Bank Branch

12 The Summary of my professional experience in the field is outlined in Section 15 and covered in _____ Pages.

(The Page for this Section may be photocopied as much as needed by the applicant).

13 **Next of Kin**

Indicate next of kin to be contacted by the Board when need arise:

Name----- address: ----- Tel no-----

E mail -----Relationship -----

14 Past work experience an Architectural Technician

Summary of **professional experience** (to be continued in photocopied sheet of the following page in case of need):

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and Registration number of the Supervising Architect.	
Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and registration number of the Supervising Architect.	

The Architects and Quantity Surveyors (Registration) Act

GN. No. 377

Period (Month and Year): From _____ To _____ _____ Name and Address of employer:	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and registration number of the Supervising Architect.	
Period (Month and Year): From _____ To _____ _____ Name and Address of employer:	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
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Name and registration number of the Supervising Architect.	
Period (Month and Year): From _____ To _____ _____ Name and Address of employer:	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and registration number of the Supervising Architect.	

Any other information that the applicant thinks is relevant and would like it conveyed may be put in writing on a separate paper and append to this application form during submission.

15 **Declaration**

I hereby apply to be included in the list of **Architectural Technicians** and undertake to abide by all provisions of the Architects and Quantity Surveyors (Registration) Act, No. 4 of 2010 and any regulations and By-laws made there under including Code of Ethics.

I Certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of the Applicant _____ Date: _____