

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



Pamba Road -TETEX House  
Telephone -2110292  
P. O. Box 72673, Dar Es Salaam.  
Fax;-2117535  
E-mail: info@aqrb.go.tz  
Website: www.aqrb.go.tz

Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS AN  
ARCHITECTURAL TECHNOLOGIST (LOCAL)**

Dated \_\_\_\_\_

[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** \_\_\_\_\_  
Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

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

- 4 **Academic qualifications** (Attach certified copies of Academic certificates, current signed c.v and two passport photos)

Name of Institution and Place of Study	Course of Study	Year of From	Attendance To	Qualifications obtained (Degree/Diploma etc.)

- 5 Have attempted **The Board's Examination** Y/N and or an **Oral Interview** Y/N

- 6 **Referees:**(Referees must be Architectural Technologist registered with the Board in Tanzania)

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

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

If Yes, Which Board? \_\_\_\_\_, in which country? \_\_\_\_\_  
and when? \_\_\_\_\_.( Attach Certified Professional Certificate).

Have you been de-registered there? Y/N if Yes When?\_\_\_\_\_

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

If Yes, **Why** were you de-registered? \_\_\_\_\_

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

*The Architects and Quantity Surveyors (Registration) Act*

*GN. No. 377*

- If Yes What is your Registration No.....
- 10 The prescribed fee for registration (application, 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

11 **Next of Kin**

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

Name----- address: ----- Mob. No.-----

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

12. Past experience in the field as An Architectural Technologist or Architectural Technologist Trainee 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 Architectural Technologist.	

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 Architectural Technologist..	

*The Architects and Quantity Surveyors (Registration) Act*

*GN. No. 377*

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

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

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

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

13      **Declaration**

I hereby apply to be entered into the register of Architectural Technologist 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: \_\_\_\_\_