



Architectural Practice Examination Part 3

This information will be kept by your State/Territory Board and AACA. Privacy legislation controls use of and access to this information.

Level 7, 372 Albert Street,
East Melbourne VIC 3002

TAX INVOICE
ABN: 31 592 419 109

Please attach
personal
photograph.
No pins or staples.

1. Personal Details (please print)

Family name	_____	Date of Birth	_____
Given names	_____	Country of Birth	_____
Full Postal Address	_____		
	_____	Postcode	_____
Telephone	Work _____	Home	_____
Facsimile	Work _____	Home	_____

2. Completion of Parts 1 and 2

I successfully completed the Architectural Practice Examination Part 2 in _____ (State/Territory) in _____ (month/year). Evidence of successful completion is attached.

3. Application

I hereby make application to take the Architectural Practice Examination Part 3 to be conducted in _____ (State/Territory) in _____ (month and year)

If this is NOT your first attempt at Part 3, please provide the date that you last attempted Part 3 here: _____

I seek admission pursuant to the provisions of NCSA 01/GC and enclose the examination fee.

(Payment to be made payable to the Architects Registration Board of Victoria).

DATE / /

SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY		Comments _____
Status		_____
<input type="checkbox"/> Accepted	Date / /	_____
<input type="checkbox"/> Not accepted	Date / /	_____
	Signed _____	Date / /
Examination Fee: \$300 (GST Free)	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Receipt provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Credit Card payments only available at the Office)	