**Declaration of Professional Experience**

with respect to the

MUTUAL RECOGNITION AGREEMENT

between the

NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARDS

and the

ARCHITECTS ACCREDITATION COUNCIL OF AUSTRALIA

and the

NEW ZEALAND REGISTERED ARCHITECTS BOARD

I, [ NAME OF ARCHITECT ], declare and affirm that:

I am a citizen or hold permanent residency status in ***NEW ZEALAND*;**

I am a registered architect, and currently a registrant in good standing with the **New Zealand Registered Architects Board**;

I was registered on **[ MM/DD/YYYY ]** with the **New Zealand Registered Architects Board** who will separately be confirming that I am in good standing with that Authority, and I did not obtain licensure in that jurisdiction by means of a foreign reciprocal registration agreement.

[ ]  I meet all of the eligibility requirements of the Mutual Recognition Arrangement for

 reciprocal licensing between NCARB, AACA and NZRAB; and

[ ]  I understand that upon licensure/registration, I must comply with all practice requirements of the host jurisdiction and will be subject to all governing legislation and regulations of the host jurisdictions.

**Check one**

[ ]  **NO** I have/had a disciplinary action registered against me by a licensing authority.

[ ]  **YES** If yes, submit the summary findings and official action of the licensing authority, as well as any further explanation necessary with this form.

*If yes, submit the summary findings and official action of the licensing authority, as well as any further explanation necessary with this form.*

*The host licensing authority has the right to request further details with respect to all disciplinary actions.*

*­­­­­­*

 *I affirm that the above statements are accurate and true to the best of my knowledge and belief.*

*­­­­­­­­­­­­­­­*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Architect (print) Home Jurisdiction License Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date