



ASEAN ARCHITECTS REGISTRY

Republic of the Philippines

APPLICATION FORM

Professional Regulatory Board of Architecture

1. First Name _____ Surname _____ Middle Name _____
Date of Birth _____
Age _____
Gender _____
Civil Status _____
Place of Birth _____
Nationality _____
Taxpayer's Identification No. _____
2. Home Address _____
Postal Code _____
Tel./Mobile/Fax _____
E-Mail Address _____
3. Company Name _____
Business Address _____
Tel./Mobile/Fax _____
E-Mail Address _____
4. Education (Attach all Diplomas, Certificates and Transcript of Records)
Baccalaureate _____ School _____ Year _____
Post Baccalaureate _____ School _____ Year _____
Doctoral _____ School _____ Year _____
Post Doctoral _____ School _____ Year _____
5. PRC Registration No. _____
Issued on _____
Valid Until _____
6. Professional Tax Receipt No. _____
Issued on _____
Issued at _____
7. Specialized Trainings relevant to the Field of Expertise, See attached Annex 1
8. Professional Practice, See attached Annex 2
9. Continuing Professional Development, See attached Annex 3

10. Research & Development (Patents and Copyrights) See attached Annex 4

11. Authorizes (Publication, Journals, Review) See attached Annex 5

12. Certificate of Good Standing

IAPOA No. _____

Date Issued _____

Place of Issue _____

I hereby certify that the above information is true and correct to the best of my knowledge. I further authorize the Professional Regulation Commission (PRC) to validate and/ or investigate the authenticity of all the documents presented. Further, I agree to the PRC Privacy Notice and give my consent to the collection and processing of my personal data in accordance thereto.

I declare that I have not submitted any other application to the Monitoring Committees of any other ASEAN Member State for registration as AA.

Applicant's Signature

Date _____

For Official Use Only

Date of Official Meeting _____

Approved _____

Disapproved _____

Expertise / Specialization _____

Remarks _____

AA Registration No. _____

Date of Notice to Applicant _____

Registration Fee Receipt No. _____

Amount _____

Date _____

Cashier's Signature