

ARCHITECTURAL PRACTICE EXAMINATION (APE) - STATUTORY DECLARATION

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Architects
Registration Board
of Victoria

I, _____ (full name),

of _____ (address)

declare that the information in my application submitted to the Architects Registration Board of Victoria (ARBV) for the Architectural Practice Examination (APE) is true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

Signature _____

Date _____

Declared at _____

in the State of Victoria this _____ day of _____ 20__

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

Signature of witness _____

Full name & address of witness and qualification to take a declaration:

Please see the Department of Justice and Community Safety for more details on who can witness statutory declarations, <https://www.justice.vic.gov.au/statdecs>