



Hamburgische Architektenkammer
Eintragungsausschuss
Grindelhof 40
20146 Hamburg

**Notification by foreign professionals on the start of an activity
according to § 1 Hamburgisches Architektengesetz (HmbArchTG) in the Free and Hanseatic
City of Hamburg**

In accordance with HmbArchTG as amended 11.04.2006 (HmbGVBl. p. 157), changed on 18.11.2008 (HmbGVBl. p. 384.

1. Personal details:

Surname (birth name may be different - please enclose a copy of the certificate of name change)

First name (please highlight forename where applicable)

Date of birth

Place of birth / country

Citizenship

2. Address / Private contact details:

Street address

Postcode, city, country

Telephone

Fax

Mobile telephone

Email

3. Office address / Professional contact details:

Office name, company, employer or department

Street address

Postcode, city, country

Telephone

Fax

Extension number

Email

4. In accordance with § 9 para. 2 HmbArchTG I hereby notify you about my intention to start an activity in the Free and Hanseatic City of Hamburg pursuant to § 1 HmbArchTG.

5. I exercise the following professional activity in accordance with § 1 HmbArchG in the state of origin as demonstrated by the attached certificate from the responsible local body:

- Architekt*in (architect)
- Innenarchitekt*in (Interior designer)
- Landschaftsarchitekt*in (landscape architect)
- Stadtplaner*in (urban planner)

Job title in the original language

Responsible body in the country of establishment

6. I practice the activity specified above according to § 1 HmbArchG as follows:

- freelance within the meaning of § 2 para. 2 HmbArchG
- not freelance (e.g. employed or construction)

7. In addition to the activity specified above, I also practice the following professional activity/activities:

8. I have obtained the following academic degrees, state-awarded titles, official titles:

e.g. Dipl.-Ing. (University), Dr.-Ing., Master of...; please enclose the certificate as an officially certified copy)

9. I have obtained the following qualification for theoretical vocational education:

Study programme / subject area (please enclose a certified copy of your diploma)

Institution / city / country

Standard duration of study programme (in calendar years; please enclose a certificate of the duration / content of the programme)

10. I hereby declare (if not applicable please cross out) that

- a) I have not been prohibited from exercising one of the activities specified in § 1 HmbArchG in accordance with § 70 Strafgesetzbuch (StGB), not even temporarily in accordance with § 132a Strafprozessordnung (StPO) - or § 35 para. 1 Gewerbeordnung (GewO),
- b) I have not been legally sentenced to a penalty for a crime or misdemeanour, the commission of which could result in my being unsuitable for fulfilling the professional duties pursuant to § 1 HmbArchG,
- c) I am not legally incapacitated and no support for my financial affairs has been ordered,
- d) I have not given an affidavit within the last five years, no insolvency proceedings have been opened against my assets or have been rejected for lack of assets
- e) to the best of my knowledge, no criminal proceedings or proceedings under letters a) to d) have been initiated.
- f) I am not registered in a list of architects (Architekten) or urban planners (Stadtplaner) in another country in the Federal Republic of Germany.
- f) I am not registered in the List of Architects and Urban Planners in another Federated State of Germany

11. Pursuant to § 26 para. 3 Sentence 1 of the HmbArchG, the HAK is legally obliged to provide information to anyone, if a legitimate interest is demonstrated, from the lists and registers maintained in accordance with § 3 para. 1 HmbArchG. The information contained therein may also be published by the HAK or transmitted to others for the purpose of publication, provided that the data subject has been informed of the intended publication and does not object to it (§ 26 para. 3 Sentence 2 HmbArchG). The data are currently being published on the website of the HAK and the Bundesarchitektenkammer (BAK).

- I hereby object to the above-mentioned publication of my data by the HAK and BAK

I hereby confirm that the above information is correct and complete. I have received and took note of the attached data protection information.

Place/date

Name of applicant

DECLARATION ON PROFESSIONAL LIABILITY INSURANCE



Last name First name

Date of birth / place of birth indication of the register and entry no. therein (if applicable)

1. In accordance with § 19 para. 2 No. 5 Hamburgisches Architektengesetz (HmbArchG) I hereby declare that (please tick the applicable statements and complete the statements if necessary):

I work independently and provide the usual services of my subject area. I am adequately insured against professional liability according to the scope and type of my independent professional activity and have attached a **recent confirmation of my insurer**.

I work independently but do not provide all of the usual services of my subject area, but rather the services specified below. I am adequately insured against professional liability according to the scope and type of my independent professional activity and have attached a **recent confirmation of my insurer**.
Types of services:

.....
Please complete (e.g. expert opinion, construction supervision).

I am currently only practicing the following **non-independent activities** within the context of other employment relationships without self-employed obligations in the sense of a contract for work and services:

.....
Please complete (e.g. activity as an employee, as a freelancer without contractual obligations).

I am currently not working.

2. I hereby declare that before undertaking a new assignment, which may lie beyond the scope of the previously insured self-employed activities, I will ensure to be insured against any liability claims (appropriately and accordingly within the scope and type of the new activity) that may arise from this new professional activity, and will prove this insurance to the Hamburgische Architektenkammer **in advance**.

Date Name of applicant

Annex (if required): Confirmation from the insurer of adequate professional liability insurance