

APPLICATION FOR COMPETENCY ASSESSMENT
FOR REGISTRATION AS A SURVEYOR

FORM 09A – VERSION 1506

Form approved under s191 of the Surveyors Act 2003 for an application under s45

PHONE 07 3839 7744
Email: admin@sbq.com.au

PLEASE PRINT ALL INFORMATION AND RETURN FORM TO:

Surveyors Board of Queensland, PO Box 656 Spring Hill QLD 4004

Full Name: _____

Postal Address: _____ PC: _____

Other Address: _____ PC: _____

Email: _____

Phone No. (B/H): _____ Mobile: _____

Fax (B/H): _____ Phone No. (A/H): _____

Name of Employer: _____

Employment Details: Start date: _____ Principal / Director / Employee please circle

In support of my application, I enclose the following documentary evidence:

Applicant Checklist - written CER submission

- Evidence of Competency signed off by supervisor as outlined on the Board's website <http://sbq.com.au/public/pathway-to-registration/steps-to-surveyor-registration/>
- Executive Summary
- Current resume
- Electronic Version (CD or USB) of all evidence and documentation including signed CERs
- Application Fee and Registration Fee <http://sbq.com.au/public/pathway-to-registration/schedule-of-fees/>

OR

Applicant Checklist - Oral Presentation

- Executive Summary
- Current resume
- Application Fee and Registration Fee <http://sbq.com.au/public/pathway-to-registration/schedule-of-fees/>

I hereby apply for assessment of my competency for registration as a Surveyor. I solemnly and sincerely declare that the above information is true and correct. I make this solemn declaration conscientiously believing the same to be true.

Signature of Applicant: _____ Date: _____

Fees can be paid either by cheque or money order payable to the "Surveyors Board of Queensland" OR by credit card (MASTERCARD or VISA card only)

Name on Card: _____

Card Number: _____ / _____ / _____ / _____

Exp Date: ____ / ____ Cardholder Signature: _____

For direct deposit enquiries, please contact the office for bank details.

Office use only	
Fee:	
Date:	
Rec No.:	