

APPLICATION FOR LETTER OF ACCREDITATION FORM 21A - VERSION 1502

Form approved under s19 of the Mutual Recognition Act 1992

PHONE 07 3839 7744 Email: <u>admin@sbq.com.au</u>

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:		F	PC:
Email: 			
Phone No. (B/H):	Mobile:		
Fax (B/H):	Phone No. (A/H):		
Name of Employer:			
I would like to request for a Letter of Accreditat http://sbq.com.au/public/pathway-to-registr		Date:	
Signature of Applicant:			
Fees can be paid either by cheque, money order payal	ble to "Surveyors Board of Queensland" OR by cr	edit card (MASTER)	CARD or VISA cai
Name on Card:		Office use	only
Card Number: / / /	/	Fee:	
Exp Date: / Cardholder Signatu	re:	Date:	
For direct deposit enquiries, please contact the office for bank details.		Rec No.:	