

**APPLICATION FOR ASSESSMENT OF OVERSEAS QUALIFICATIONS**

Form 22A – Version 1207

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

PLEASE PRINT ALL INFORMATION AND RETURN FORM TO:  
**Surveyors Board of Queensland, PO Box 656 Spring Hill QLD 4004**  
**Phone 07 3839 7744**  
**Email: [admin@sbq.com.au](mailto:admin@sbq.com.au)**

<b>Full Name:</b>			
<b>Postal Address:</b>		<b>Residential Address:</b>	
	PC		PC
<b>Email:</b>			
<b>Phone No. (B/H):</b>		<b>Mobile:</b>	<b>Phone No. (A/H):</b>
<b>Name of Employer:</b>			
<b>Employment Details: Start Date</b>		<b>Principal / Director/ Employee:</b>	
<b>Date of Birth:</b>			
<b>University Degree</b>		<b>University Attended</b>	
<b>Degree Started:</b>		<b>Completion Date:</b>	
<b>Languages Spoken (other than English):</b>			

**Applicant Checklist**

- Certified copy of your Academic Transcript
- Certified copy of University Certificate
- Current copy of your resume

In Queensland, a three-year degree is required to seek registration as a surveyor or surveyor with an engineering or mining endorsement. A four-year degree is required to seek a cadastral endorsement. Do you wish to have your overseas qualifications assessed against a **three-year degree** or a **four-year degree**? (Please encircle your choice)

Do you know of any matter related to your character, honesty and integrity which would affect your application? If yes, please provide additional information in the space below.  YES  NO

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**I hereby apply for the assessment of my overseas qualifications. 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, money order payable to the "Surveyors Board of Queensland" OR by Credit Card (MASTERCARD and VISA only)

**Name on Card** \_\_\_\_\_

**Card Number** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Exp Date** \_\_\_\_ / \_\_\_\_ **Cardholder Signature** \_\_\_\_\_

Office Use Only	
Fee:	_____
Date:	_____
Rec No:	_____

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