

APPLICATION FOR REGISTRATION AS A SURVEYOR with an ENDORSEMENT

Form 04A

Privacy Statement – Under Section 68 of the Surveyors Act 2003 (the Act), the Board maintains a Register of Surveyors which is accessible by the public. Personal information is collected for the purpose of assisting the Board to carry out the duties defined in the Act. The Act requires the public part of the register to be published. A registrant's name and type of registration will be published on the Board website. Other contact information will only be disclosed to third parties with the written consent of the registrant.

PLEASE PRINT ALL INFORMATION AND RETURN FORM TO:

Surveyors Board of Queensland

admin@sbq.com.au

PO BOX 656 SPRING HILL QLD 4004

07 3839 7744

Title:		Preferred Name:	
First Name:			
Middle Name/s:			
Last Name:			
Residential address:			
Postal address (if different from above):			
Email:			
Contact number:	Mobile		
	Work		
Date of birth:			
Name of employer:			
Employment start date:			

I hereby apply for registration as a Surveyor with the following endorsement/s:

<input type="checkbox"/>	Cadastral
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Mining Open Cut
<input type="checkbox"/>	Mining Underground Coal
<input type="checkbox"/>	Mining Underground Metalliferous

In support of my application, I have successfully completed the following and can provide documentary evidence:

<input type="checkbox"/>	Assessment of competency issued within 12 months of the date of this application
<input type="checkbox"/>	Board approved Professional Assessment Project (Engineering & Mining endorsements only)
<input type="checkbox"/>	Final interview with the Board
<input type="checkbox"/>	Application Fee and Registration Fee (refer to SBQ Schedule of Fees)

THE REGISTER (s68 (5)): Do you consent to your contact information, as advised above, being accessible within the publicly available part of a Register of Surveyors? ☐ Yes ☐ No

Do you know of any matter related to your character, honesty, and integrity which would affect your application?

☐ Yes (please provide additional information in a separate document) ☐ No

Do you consent for the Board to have full access to your plan audit records with DNRM for the purpose of conducting the Board's business under the *Surveyors Act 2003*? ☐ Yes ☐ No

I solemnly and sincerely declare that the above information is true and correct. I make the solemn declaration conscientiously believe the same to be true.

Signature of Applicant

Date

Fees can be paid by:

- Credit Card** (Mastercard or Visa only) – please contact the Board office (07 3839 7744) to provide your details over the phone and to confirm the amount payable
- Direct deposit** – please contact the Board office for the Board's bank details and to confirm the amount payable

OFFICE USE ONLY

FEE:	DATE:	RECEIPT NO:
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