

APPLICATION FOR REPLACEMENT OR DUPLICATE REGISTRATION CERTIFICATE

Form 19A

PrivacyStatement—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

		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		
Name of employer:			
In support of my application, I encl		ntary evidence:	
The Prescribed Statutory Declaration (see attached) Application Fee and Registration Fee (refer to SBQ Schedule of Fees)			
Application ree and negligibilities (refer to <u>sby stricture or rees)</u>			
QUEENSLAND			
Oaths Act 1867 Statutory Declaration			
	0.0	atatory Beolaration	
l,			
of			
certificate/s of registration and/o am requesting a replacement/du	or endorsement/s as issu uplicate, are no longer ir	led in my name, by the Surve n my possession nor to my kn	d sincerely declare that the original yors Board of Queensland, for which I sowledge in the possession of another pard of Queensland. (strike out where
I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.			
Signature of applicant:			
9			
Taken and declared before me, at			
		JP / JP (Qua	al) / Commissioner of Declarations
Signed			
amount payable		ne Board office (07 3839 7744) to pro Board's bank details and to confirm t	vide your details over the phone and to confirm the ne amount payable
	(OFFICE USE ONLY	
FEE:	DATE:	STATE OSE ONE!	RECEIPT NO:
	1		