



**APPLICATION FOR A CONSULTING ENDORSEMENT  
BY A SURVEYOR  
(Individual)**



Form 08A – Version 0910

**SURVEYORS BOARD OF QUEENSLAND**  
PO Box 656, SPRING HILL QLD 4004  
PHONE 07 3839 7744

**Privacy Statement** - Under Section 68 of the Surveyors Act 2003, 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: **Executive Officer**  
**Surveyors Board of Queensland**  
**PO Box 656**  
**Spring Hill Qld 4004**

Currently Registered as: .....
Current Registration No: .....

<b>Full Name:</b>			
<b>Postal Address:</b>		<b>Other Address:</b>	
	<b>PC</b>		<b>PC</b>
<b>Email:</b>			
<b>Phone No. (B/H):</b>		<b>Mobile:</b>	
<b>Fax (B/H):</b>		<b>Phone No. (A/H):</b>	
<b>Name of Employer:</b>			

I hereby apply to have my registration as a Surveyor be endorsed to the effect that I am a:

- a) **Consulting Surveyor** .....

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

**Applicant Checklist**

**Board Use Only**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Competency as provided by SIBA (Spatial Industries Business Association) .....   | <input type="checkbox"/> |
| <input type="checkbox"/> A copy of Professional Indemnity Insurance (min \$1,000,000) or Certificate of Currency .....  | <input type="checkbox"/> |
| <input type="checkbox"/> A copy of your business letterhead .....   | <input type="checkbox"/> |
| <input type="checkbox"/> Application Fee and Registration Fee (see <a href="http://www.surveyorsboard.com.au">www.surveyorsboard.com.au</a> for details)..... | <input type="checkbox"/> |

**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

**CONSULTING CADASTRAL ENDORSEMENT** YES  NO  - IF YES PLEASE COMPLETE BELOW:

**DERM Plan Audit Records:** Do you consent for the Board to have full access to your plan audit records within DERM for the purpose of conducting the Board's business under the *Surveyors Act 2003*? YES  NO

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 a separate document? YES  NO

**I intend to carry on a business providing surveying services and hereby apply for registration as a Consulting 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, 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** \_\_\_\_\_

<b>Office Use Only</b>	
Fee:	_____
Date:	_____
Rec No:	_____

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