



APPLICATION FOR COMPETENCY ASSESSMENT

Form 09A – Version 0910

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



PLEASE PRINT ALL INFORMATION AND RETURN FORM

To: Executive Officer
Surveyors Board of Queensland
PO Box 656
Spring Hill Qld 4004

Currently Registered Yes / No
Current Registration No:.....

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

I hereby apply to have my competency assessed for the following types of registration and/or endorsement:

- a) Surveyor.....
b) Cadastral Endorsement.....
c) Engineering Endorsement.....
d) Mining "A" Endorsement.....
e) Mining "O" Endorsement.....

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

Applicant Checklist

Board Use Only

- Evidence of Competency.....
Executive Summary.....
Application Fee & Competency Assessment Fee as detailed on the Board website at www.surveyorsboard.com.au....

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.