



**APPLICATION FOR  
LETTER OF ACCREDITATION**

**Form 21A – 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**

<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 am currently registered with the Board as a ..... I would like to request for a Letter of Accreditation and I agree to pay the applicable fee (refer to [www.surveyorsboard.com.au](http://www.surveyorsboard.com.au) for details).

**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.**

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