



Board of Surveying and Spatial Information Surveyor's Assistant Assessment

The Registrar
Board of Surveying and Spatial Information
PO Box 143
Bathurst NSW 2795
T: 02 6332 8238
www.bossi.nsw.gov.au

I (Name in full) _____

of (address) _____

_____ Post Code _____

Phone number _____ Email _____

Hereby apply for assessment of my abilities and experiences for qualification as a surveyor's assistant:

a) **The holder of a technical qualification from**

A certified copy of which is enclosed for your records.

b) Have obtained the following practical experience in surveying:

Supervising Surveyor	Period Claimed

I enclose a signed statement from each supervising surveyor for periods claimed.

I enclose the prescribed fee of \$100 for assessment in the 2018/2019 financial year

Original documents may be called for at any time.

Signature of applicant _____ Date _____