



RETURN TO:
BOARD OF SURVEYING &
SPATIAL INFORMATION
PO BOX 143
BATHURST NSW 2795
PHONE: 02 6332 8238
FAX: 02 6332 8240

NOTIFICATION SLIP:
(USE BLOCK LETTERS PLEASE)

FULL NAME OF SURVEYOR: _____

DATE OF BIRTH: _____

RESIDENTIAL ADDRESS:

STREET ADDRESS: _____

_____ STATE: _____ POSTCODE: _____

PHONE NO: _____ FAX NO: _____ MOBILE NO: _____

BUSINESS ADDRESS:

COMPANY NAME: _____

STREET ADDRESS: _____

_____ STATE: _____ POSTCODE: _____

PHONE NO: _____ FAX NO: _____ MOBILE NO: _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

PREFERRED POSTAL ADDRESS (PLEASE TICK)

HOME: BUSINESS: OTHER: PO BOX _____

(PLEASE ADD BELOW)

COMPETENCY CERTIFICATE FROM: NSW / VIC / QLD / WA / SA / TAS / NT / ACT / NZ / OTHER
(PLEASE INDICATE JURISDICTION)

PRACTISING IN ANOTHER STATE VIA LETTER OF ACCREDITATION FROM NSW:

YES: NO: IF YES: WHICH STATES: _____

ARE YOU PRESENTLY SUPERVISING A CANDIDATE LAND AND/OR MINING SURVEYOR?

YES: NO: IF YES: NAME/S OF CANDIDATE SURVEYOR/S: _____

WEB AUTHORITY:

DO YOU WISH TO HAVE YOUR NAME AND ADDRESS DETAILS PUBLISHED ON THE BOARD OF SURVEYING & SPATIAL INFORMATION NSW WEBPAGE?

YES: NO:

(You may at any time have your name removed from the webpage on written application to the Board of Surveying & Spatial Information.)

(SIGNATURE)

(DATE)