

Seeking Recognition for Profession of Surveying in _____ (State) under the *Mutual Recognition Act 1992*

Full name _____ D.O.B _____

Address _____

First State of registration _____

Certificate of Competency No _____

Date registered _____ Registration current to _____

All States in which registered _____

Registration is current to _____

Certificate of Competency Nos _____

Licensed to perform Cadastral Surveys YES NO

Endorsed to consult public YES NO

Tertiary Qualification _____

Are you the subject of investigation/disciplinary proceedings at any State? YES NO

(If yes please attach full details)

Has your registration been cancelled/suspended as a result of disciplinary action in any State? YES NO

(If yes please attach full details)

Are there any restrictions, or are you prohibited from practicing as a surveyor because of any criminal, civil or disciplinary proceedings in any State? YES NO

(If yes please attach full details)

I hereby give consent to the making of inquiries and the exchange of information with the Surveyors Board at any State regarding my activities in surveying or any other matter relevant to the notice.

Attached is a Letter of Accreditation

From the Surveyors Board of _____ Dated _____

Signed _____ Dated _____



Organisation/Agency Details

Organisation Name: Board of Surveying and Spatial Information	
Phone: 02 6332 8238	Email: bossi@finance.nsw.gov.au

Surveyors Details

Family Name	Given Names
Former Name	Date of Birth
Surveyors ID Number	

Home Address

Home Address		
Town/City	State	Post Code
Phone	Mobile	
Email		

Business Address

Business Name		
Business Address		
Town/City	State	Post Code
Phone	Mobile	
Email		

Postal Address (Please state if home or business address is to be used as postal address or if different address should be used)

Postal Address		
Town/City	State	Post Code
Phone	Mobile	
Email		

Surveyors Signature

Signature	Date
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