

**SEEKING RECOGNITION
FOR PROFESSION OF SURVEYING**

IN (STATE)

UNDER THE MUTUAL RECOGNITION ACT 1993

FULL NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

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 IN ANY STATE:

(If yes, please attach full details)

HAS YOUR REGISTRATION BEEN CANCELLED/SUSPENDED AS A RESULT OF DISCIPLINARY ACTION IN ANY STATE?: _____
(If yes, please attach full details)

ARE THERE ANY RESTRICTIONS, OR ARE YOU PROHIBITED FROM PRACTISING AS A SURVEYOR BECAUSE OF ANY CRIMINAL, CIVIL OR DISCIPLINARY PROCEEDINGS IN ANY STATE?

(If yes, please attach full details)

I HEREBY GIVE CONSENT TO THE MAKING OF INQUIRIES AND THE EXCHANGE OF INFORMATION WITH THE SURVEYORS BOARD OF 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: _____