

## **CPD - Conditional compliance request form**

This application must be received by BOSSI by 31 July Refer to Section 8.3 from BOSSI CPD Determination

1.	Individual details			
2.	١	Name:  Company:		
	C			
		Phone:		
	C	Date of initial registration:		
		Specialty: (please check the box)		
	F	Have you sought conditional compli	nt conditional compliance before? (Detail how many times and when)	
		as genuine hardship, illness, etc	CPD points obtained to date:  . Attach separate letter if not enough room.)	
3.	Check	cklist of attachments (must include)  Detailed reasons / evidence to substantiate claim  CPD summary report(s) from ratified organisation(s)		
			Applicant's declaration	
Ιde	eclare th	nat the statement(s) I have made	in my application for CPD conditional compliance are true and correct.	
	Sig	nature:	Date:	
			BOSSI contact details	
Rο	ard of Si	urveying and Spatial Information		

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