

Surveyors Act 2007, s81

Seeking Recognition for the Profession of Surveying in the ACT -

under the Mutual Recognition (Australian Capital Territory) Act 1992

Full name:	D.O.B:
Residential Address:	
Telephone (h):	Mobile:
Business Name:	
Business Postal Address:	
Tel (w)	Fax: (w)
	Business
· ·	
Date registered:	
All states in which registered:	
Registration is current to:	
Certificates of Competency No's	
Registered/licensed to perform cadastra	l surveys: Yes / No
Endorsed to consult to the public:	Yes / No
Tertiary qualifications:	
Are you the subject of investigation/disc	ciplinary proceedings in any State?
(Į	f yes, please attach full details)



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(If yes, please attach full details)
Are you subject to any special conditions to practise in any State?
(If yes, please attach full details)
Are there any restrictions, or are you prohibited from practising as a surveyor, as a result 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 or authorised person of any State or Territory regarding my activities in surveying or any other matter relevant to the notice.
Attached is a Letter of Accreditation from the Surveyors Board of (State):
Signed: Date:



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The signature below is that which I shall use in signing plans, survey reports and other documents as a surveyor registered with the Surveyor-General of the Australian Capital Territory.

Full Name:	
Address	
Гelephone: (H)(W)	
Specimen Signature - Please use dense black ink.	
Date: / /	
OFFICE USE ONLY	
Certificate of Competency No:	
Letter of Accreditation from:	
Date of ACT Registration: / /	
Registration Number:	
Registrar	