

Valuers Registration Board of Queensland

Application for registration as a valuer under Mutual Recognition Principles

VRB 2 (Use this form only if you are currently registered in New South Wales, Western Australia or New Zealand)

1. Personal details (Please use block letters)

Mr/Mrs/Miss/Ms (Circle one)

Given names _____ Last name _____

Residential address _____
 _____ Postcode _____

Correspondence address
 (if the same as above address please write "the same") _____ Postcode _____

Employer's Company name _____

Employer's address _____
Must be Street address (not PO Box) _____ Postcode _____

Employer's postal address _____
 _____ Postcode _____

Email address _____

Contact phone/fax numbers during business hours Ph _____ Mob _____ Fax _____

Date of birth _____ Place and Country of birth _____

2. Employment History

Details of present employer and address:

Name of firm	Address	Supervisor	Contact details
			Ph _____ Fax _____ Mobile _____ Email _____

Details of employer and address at which you propose to practise after registration in Qld:

Name of firm	Address	Supervisor	Contact details
			Ph _____ Fax _____ Mobile _____ Email _____

3. Details of current registration as a valuer

(a) States/country in which you hold registration as a valuer NSW WA New Zealand substantive

(You must attach a certified copy signed by a Justice of the Peace of your current certificate of registration)

3. Details of current registration as a valuer (Cont'd)

(b) Area of qualifications Residential Rural Other (specify)

(c) How many years have you worked as a valuer in the current or other States/Countries?.....
 What are the other States/Countries?
 *If newly registered how many years have you worked as an assistant valuer in the current/other
 States/Countries? Years:..... States/Countries:.....

(d) Please list your valuation academic qualifications.
 Name of University and State.....
 Name of Qualification Award
 Course completion Date

(e) To what extent, if any, is your substantive registration subject to limitations or conditions?
 Not subject to any limitation/conditions
 Subject to
 [tick/complete one box]

(f) To what extent, if any, are you the subject of any current disciplinary proceedings in relation to registration as a valuer?
 Not subject to any limitation/conditions
 Subject to
 [tick/complete one box]

(This includes any preliminary investigations or actions that might lead to disciplinary proceedings. Full details are required.)

(g) Have you ever been the subject of any disciplinary proceedings? Yes No
 If yes, please provide full details

(h) Has your registration in any state/NZ been cancelled or currently suspended as a result of disciplinary action? No
 Cancelled
 Suspended
 [tick relevant boxes]

(i) Are you otherwise personally prohibited from performing duties as a valuer in any state/NZ? Yes
 No
 [tick one box]

(j) Are you subject to any special conditions in performing duties as a valuer in a state/NZ as a result of criminal or civil proceedings? Yes
 No
 [tick one box]

4. Professional Memberships

Institute	Level of membership*	Date joined	Current (Yes/No)

*Graduate, Associate, Fellow, etc.

Note: Failure to fully complete this form may delay consideration of your application

5. Fitness to Practise

Answers to the following questions must be provided pursuant to section 39 of the Valuers Registration Act 1992. If your answer to any of the following questions is "Yes", please provide details on a separate but attached page/s. The following information is for the purposes of the Board only.

Do you have a conviction, other than a *spent conviction for any of the following:

- [i] an indictable offence; or Yes / No
- [ii] an offence against the Valuers Registration 1992; or Yes / No
- [iii] any other offence relating to the practice of registration, against a law applying, Or which applied, in Queensland, or the Commonwealth or any other State or Territory of Australia or a foreign country? Yes / No

*Spent conviction means a conviction for which the rehabilitation period under the Criminal Law [Rehabilitation of Offences] Act 1986 has expired and not revived under that Act.

Has your registration to practise as a valuer under a law applying or that applied in the Commonwealth, another State or Territory of Australia or a foreign country been cancelled or suspended by the relevant registration body? Yes / No

Has any application by you for registration as a valuer been refused by any registration board? Yes / No

The Board may ask the commissioner of the police service for a written report about your criminal history.

6. Application fee

- The application fee of **\$176.60** is attached – payment by cheque [tick box]
- I have Direct Deposited **\$176.60** into the Boards Bank Account , Commonwealth Bank, BSB: 064 000 Account: 0009 0446 (please attach receipt of EFT payment to this form)
- I would like to pay **\$176.60** by Credit Card (Visa or MasterCard only)

Credit Card No: _____

Name on card: Card Expiry Date:

Signature on Card:

Please ensure you forward the following documentation:

- 1. Fully completed application form**
- 2. Certified copy of current certificate of registration**
- 3. Application fee of \$176.60**

7. Authorisation and Declaration

- I, _____
- Given names Last name
- (a) authorise the Valuers Registration Board of Queensland, or persons it directs, to obtain or make inquiries and to receive and disclose any information which it considers relevant to my initial and ongoing eligibility to be registered as a valuer in Queensland pursuant to mutual recognition legislation
 - (b) acknowledge that certain information about my registration will be placed on a register open to the public on payment of the prescribed fee in accordance with the *Valuers Registration Act 1992*
 - (c) accept that failure to supply information and documentation specified in this application form may delay the processing of this application
 - (d) acknowledge my right to seek access to and correction of information supplied and included in the Register in accordance with the *Privacy Amendment (Private Sector) Act 2000*
 - (e) understand fully the duties imposed by the *Valuers Registration Act 1992* and accompanying regulations on land valuers
 - (f) do solemnly declare that any valuation I shall make by virtue of the registration issued to me under the provisions of the *Valuers Registration Act 1992* shall be performed in accordance with the Code of Professional Conduct specified in the Valuers Registration Regulation 1992
 - (g) do solemnly declare that the information contained in this application and in the supporting documentation attached herewith is correct and I make this solemn declaration conscientiously believing same to be true and correct.

Declared at _____

On this _____ day of _____ 20

Declarant _____

(Signature of applicant)

Before me _____

(Name of witness)

Witness (A Justice of the Peace) _____

(Signature of witness)

Post or email to:

The Secretary
Valuers Registration Board of Queensland
PO Box 15877
City East QLD 4002 Email: juliaf@vrbqld.com

P: 07 3221 3892

F: 07 3221 8296

Office use only

Date Application Received	
Receipt Number	
Cheque/Cash/EFT/Credit Card	