

4. Referees

[B] Professional referees (Registered Valuer) (2 required)

Given name _____ Last name _____

Business name _____

Address _____

_____ Postcode _____

Contact phone number during business hours _____ Period you have known referee _____

Capacity in which you have known referee _____

Professional referee (Registered Valuer)

Given name _____ Last name _____

Business name _____

Address _____

_____ Postcode _____

Contact phone number during business hours _____ Period you have known referee _____

Capacity in which you have known referee _____

5. Supporting information

Please make sure you have fully completed all preceding sections of this application form.

You are required to attach the following in support of your application. Please tick the boxes to indicate relevant enclosures.

- Two bound, professionally-presented copies of **two** retail rental valuations you have personally prepared in the last 6 months.

- 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 (you must 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:

6. Authorisation and Declaration

I, _____
Given names Surname

- (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 specialist retail 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 specialist retail valuers
- (f) 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
- (g) do solemnly and sincerely declare that the contents of this application for and any and all attachments are true and correct and I make this solemn declaration conscientiously believing the same to be true and correct.

Declared and sworn at _____

On the _____ day of _____ 20

Declarant

(Signature of applicant)

Before me

(Name of witness)

Witness

(Signature of witness)

Return this fully completed form, documentation and application fee to:

**The Secretary
Valuers Registration Board of Qld
PO Box 15877
City East QLD 4002**

P 07 3221 3892 F 07 3221 8296 E juliaf@vrbqld.com

Office use only

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