

EPL Surveyor Application

FAMILY NAMES

POSTCODE

This applicat	tion is to b	e completed.	signed and	forwarded to	Land Services SA

- $E-\underline{customer support@landservices.com.au}\\$
- P GPO Box 543 Adelaide SA 5001

LICENSED SURVEYOR NAME:

SALUTATION

ADDRESS SUBURB

Licensed Surveyor Details

Person authorised to carry out surveys in accordance with the Survey Act 1992.

GIVEN NAMES

EMAIL ADDRESS	PHONE					
CODE WORD (for example your mother's maiden name)						
FAX (If applicable)	LICENCE NUMBER					
PLEASE SUPPLY COPIES OF:						
[] Copy of my Surveyor's Licence herewith	[] Copy of my Driver's Licence herewith					
DECLARATION:						
I agree to operate this facility in accordance with the Terms and Conditions and acknowledge that access to Electronic Plan Lodgement means that I have read and accepted those Terms and Conditions. I will advise the Land Services SA in writing, within seven (7) days, of any change in any of the particulars contained in this application.						
SIGNED	DATE					

STATE





Land Services SA ACN 618 229 815
PHONE 1800 648 176 or 8423 5000 FAX 8423 5090
EMAIL communications@landservices.com.au
VISIT Level 9, 101 Grenfell Street, Adelaide SA 5000
POST GPO Box 543, Adelaide SA 5001
landservices.com.au