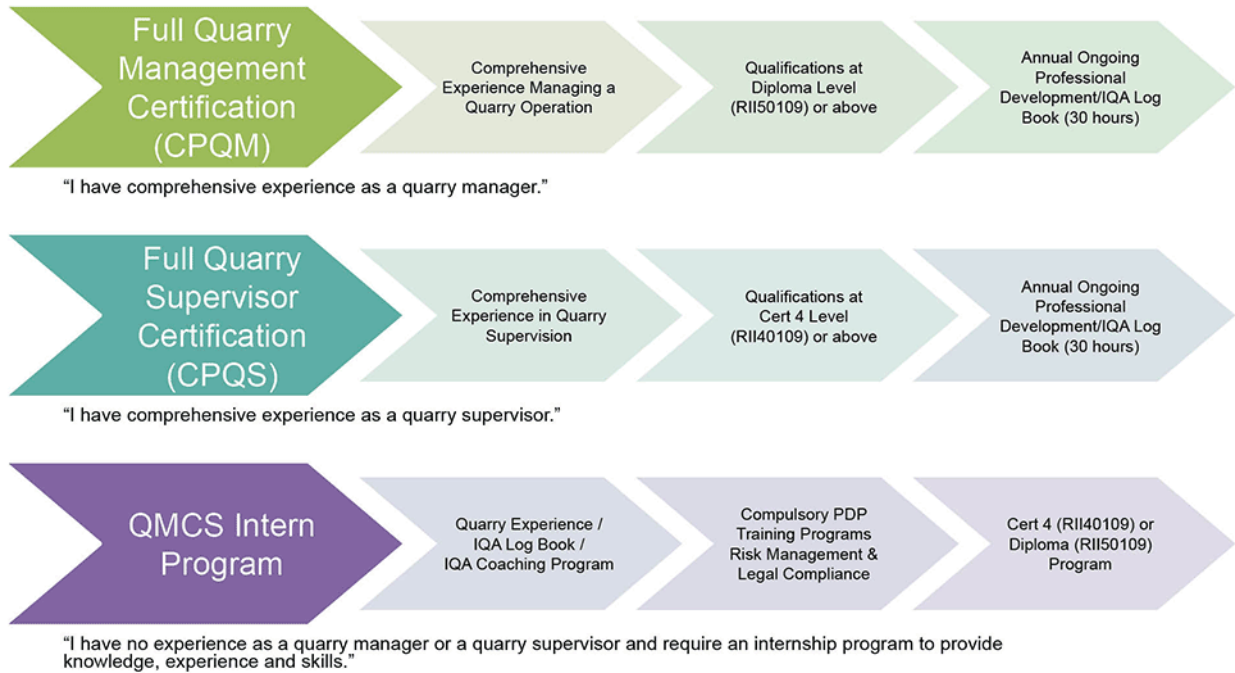


## Application for Certified Practicing Status



CP Grade being applied for (circle as appropriate)	Full Quarry Supervisor	Full Quarry Management	QMCS Internship	Are you Applying for Blasting Endorsement?
Name (print):	(Title) (Given names) (Surname)			
IQA Membership No:		Membership grade:		
Mailing address: <small>(Include all details - state, postal code, country. This address may be published in the CP Register)</small>				
Phone (w)		Facsimile		
Phone (mobile)		Phone (h)		
E-mail (mandatory)				

**In support of my application I attach these mandatory documents:**



1. A detailed work history, or curriculum vitae (CV), providing clear evidence that I meet the criteria and requirements for comprehensive experience in relation to the Grade being applied for;
2. The declaration of at least two (2) suitably qualified and experienced industry practitioners as referees, who are familiar with their qualifications and experience and can substantiate their CV. At least one of the referees should have as a minimum, the qualifications or experience relating to the Grade applicable to the application;
3. A copy of the tertiary qualifications if applicable.

**I certify, by signing this application, that:**

1. I shall abide by the Rules of the Board of Certified Practitioners, the Code of Conduct of The Institute of Quarrying Australia (The Institute) relating to the QMCS and any other Code in force in The Institute. This information is available on The Institute's website [www.quarry.com.au](http://www.quarry.com.au)
2. I have not been found to be in breach of the Code of Conduct (referred to above) or those of any other learned or professional society or institute, and there are no such cases pending against me.
3. All the information in my application is true and correct;
4. I have paid my application fee online at [www.quarry.com.au](http://www.quarry.com.au)
5. I acknowledge that I will be required to certify each year, on renewal of my Institute membership that I continue to comply with the criteria in the Rules of the Board of Certified Practitioners.
6. I agree that my compliance with the OPD requirements as detailed in my log-book may be audited.
7. I consent to the publication of my title and full name, my Institute membership grade, my Certified Practitioner grade and month and year of accreditation, and any other detail about my qualifications and professional experience as a Certified Practitioner, which the CP Board may consider it is reasonable to include in the CP Register.
8. I acknowledge if the CP Board accepts my application it will notify me, register the essential details and file the paperwork for a period of seven (7) years. If my application has been for a re-admission, the date recorded will be the date of the decision for re-admission except in special cases. If my application is rejected I will be notified and given the grounds on which the rejection is based as well as advice that I may appeal the rejection. Where an application is rejected (for whatever reason), the fees associated with that application (or renewal) will be forfeited.

Signature: .....

Date: .....

**PLEASE DIRECT APPLICATION AND ATTACHMENTS TO:**

Secretary, Board of Certified Practitioners  
 The Institute of Quarrying Australia  
 PO Box 452  
 DRAYTON NORTH QLD 4350