

## Agreement between the DSSA and the Inspector *Australian & International Applicants*

I hereby apply for inclusion on the DSSA Inspector's Panel.

I have read the attached 'DSSA Inspectors Code of Practice' and I agree to comply with the conditions contained within. I agree to uphold the constitution, laws and values of the DSSA.

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| Applicant (name in full):  |  |
| Address:   |  |
| Email:   |  |
| Telephone:   |  |
| Mobile Phone:  |  |
| Contact Details while travelling:<br>(telephone/email/address)                                 |  |
| Are you a Registered<br>Inspector in another country?<br>Details:                              |  |
| Have you been subject<br>to disciplinary action by the<br>DSSA or another Society?<br>Details: |  |
| Applicant's Signature:   |  |
| Date:  |  |
| <i>Witness (name in full):</i>   |  |
| <i>Witness Address:</i>  |  |
| <i>Witness Signature:</i>  |  |
| <i>Witness Date:</i>   |  |
| DSSA Chair/Vice Chair<br>(name in full):   |  |
| Signature:   |  |
| Date:  |  |
| DSSA Board member<br>(name in full):   |  |
| Signature:   |  |
| Date:  |  |