



REGISTRATION PROCESS

Assessment Professional Competence
(APC) : Application Form

Document No.	APC-A (FORM/NEW)
Version	0
Effective Date	01.06.2018

BOARD OF QUANTITY SURVEYORS MALAYSIA
APPLICATION FOR REGISTRATION
ASSESSMENT OF PROFESSIONAL COMPETENCE (APC)
IN QUANTITY SURVEYING

By having read the guidelines, I wish to apply for the Assessment of Professional Competence with the Board of Quantity Surveyors Malaysia under the following route: -

[please (✓) where appropriate]

- Graduate Route Experience Route Academician Route

1. APPLICANT DETAILS

Name (Mr./Mrs)			
BQSM Reg. No. <i>(Provisional QS)</i>		RISM Reg. No. <i>(Graduate)</i>	
BQSM Reg. date		RISM Reg. Date	
I/C No.		Email	
Tel No. (O)		H/P No.	
Address			

2. ACADEMIC QUALIFICATIONS

No.	Qualification	Institution/ University	Graduation Date
(a)	Degree 1 :		
(b)	Degree 2 :		
(c)	Master :		
(d)	PhD :		
(e)	Other Qualification :		

3. CURRENT EMPLOYMENT DETAILS

Public Sector – This section is to be completed and signed by the Head of Department.

Private Sector - This section is to be completed and signed by the Partner or Director.

Name of Employer	
Office Address	
Nature of Business	

We hereby declare that the following applicant is employed in our office and engaged on the following duties:

Name			
BQSM Reg. No. <i>(Provisional QS)</i>		RISM Reg. No. <i>(Graduate)</i>	
Roles and Responsibilities of Applicant			
Date of Appointment			

Name and qualification of the person directly responsible for the candidate’s training:

Name			
Organization			
Designation		BQSM Reg. No.	
Office No.		H/P No.	
Email			
Type of Supervision (Please select)	<input type="checkbox"/> Internal Supervisor (must attach in the same organization with applicant)		
	<input type="checkbox"/> External Supervisor (brief description on mode of supervision i.e name of project attached)		

Note : Person directly responsible for candidate’s training must be a Professional QS or Consultant QS

Signature of Supervisor (Professional QS or Consultant QS)	Signature of Employer (Head of Department or Director/ Partner)
Name : Date :	Name : Date :

4. PROFESSIONAL EXPERIENCE

No.	Company/ Agency	Date of Appointment	Designation	Supervisor's Name

* The candidate may provide the details as an attachment

5. DECLARATION

[please (✓) where appropriate]

- I shall notify the APC Secretariat of any changes on the above details
- I have read the Rules and Guide to the Assessment of Professional Competence in QS and the Guide for Employers and I undertake to provide experience and training in the Areas of Approved Professional Experience
- Graduate Route Only :**
I attached herewith the documentary proof which has been certified by a Professional or Consultant Quantity Surveyor as per in the checklist
- Experience Route Only :**
 - I have a minimum of 5 years relevant working experience and holds a qualification accredited by BQSM
 - A letter signed by supervisor to certify years of working experience related to Built Environment
- Academician Route Only :**
 - I have a minimum of 3 years approved academic experience and have acquired the teaching experience after obtaining the Masters Degree/ professional qualifications
 - A letter signed by Head of Department to certify approved teaching experience related to Quantity Surveyor programmed and approved Quantity Surveyor programmed

(Signature of Applicant)

Date :

OFFICE USE ONLY

6. RECOMMENDATION

[please (✓) where appropriate]

BQSM decided to approve this applicant under following route:

- Graduate Route
 Experience Route
 Academician Route

Processed by (Assistant Admin Officer)	Checked by (Executive Secretary)
Name: Date:	Name: Date: