



QUANTITY SURVEYORS REGISTRATION BOARD OF NIGERIA **REQUIREMENTS FOR REGISTRATION AS A QUANTITY SURVEYOR**

1. Payment of ₦20,000.00 (Twenty Thousand Naira Only) for Registration Form and Processing Fee should be made through **Remita** from any Commercial Bank or Online by following the steps below:
 - a. log in to www.remita.net
 - b. from the displayed page, under “Search here a biller”, type and select **Quantity Surveyors Registration Board of Nigeria**
 - c. fill in the details as required for instance, under **Name of Service/Purpose**; select “**Individual Application Form**”, fill in others appropriately then click “**Submit**”
 - d. From the displayed page, input details of you Debit Card (ATM Card) to make the payment online **OR Click on “Bank Branch”** to generate a **Remita Retrieval Reference (RRR)** Number and take it to any commercial bank for payment.

2. Applicants shall provide necessary credentials and comply with the requirements below:
 - a. Photocopies of all academic and Professional Certificates.
 - b. All enclosed certificates should be **duly signed and stamped by your two (2) recommenders with their QS registration stamp or seal.**
 - c. Your recommenders must have current certification with the Board (Financially up to date).
 - d. WASC/GCE (O/L) certificates must contain 5 credits including English Language, Physics and Mathematics and any other two (2) relevant subjects at not more than two (2) sittings.
 - e. Kindly note that membership of NIQS is mandatory.

3. The two (2) Passport Photographs should be counter-signed by the two (2) recommenders who must have a current certification with the Board.

4. Sworn Declaration as contained in Paragraph 5.0 of the form (Form No: QSRBN/F/001)

5. **Certificate of Experience**
 - 1st & 2nd Year Experience should be completed by two Registered Quantity Surveyors (past or present employer) **with current certification with the Board (Financially up to date).**
 - In the case where the Applicant is not currently working directly under his/her recommenders, **Letter of Attestation** should be presented from the recommenders who signed the certificates of experience.

6. **Recommenders**

Recommenders appending signature on any application form and serving as referees to any applicant seeking registration with the Board **must ensure that their registration/license renewal is current/valid before they do so.** This is to make sure that the applicant’s chances of registration with the Board is not jeopardized.

7. **Registration and Induction**

Upon the success of the applicant at the interview and the approval of the Board for registration, a Letter of Registration shall be issued to the Newly Registered Quantity Surveyor (RQS). Notice of payment of ₦120,000.00 (One Hundred & Twenty Thousand Naira Only) for Registration and Induction shall be enclosed. This amount is subject to review from time to time.

NB

Completed Form should be forwarded to:
The Registrar,
Quantity Surveyors Registration Board of Nigeria,
21, 4th Avenue (Sa’adu Zungur)
Gwarimpa, Abuja-FCT.



QUANTITY SURVEYORS REGISTRATION BOARD OF NIGERIA

(Established by Decree No. 31 of 1986 (Now CAP Q1 LFN 2004))
No. 21, Sa' Adu Zungur Street, (4th Avenue) Gwarinpa, P.O. Box 408 Garki G.P.O, Abuja
Tel: 08108971925, 08112168333. E-mail: qsrbn.rqs@gmail.com

APPLICATION FOR REGISTRATION AS A QUANTITY SURVEYOR

1.0 PERSONAL DETAILS

- 1.1 Surname: _____
- 1.2 First Name: _____ Other Names: _____
- 1.3 Title (Mr., Mrs., Chief, Dr, etc.): _____
- 1.4 Postal Address: _____

- 1.5 Permanent Address: _____

- 1.6 Present Place of Practice/Employment: _____
- 1.7 Address of Place of Practice/Employment: _____

- 1.8 Date of Birth: _____ Nationality: _____
- 1.9 Nationality at Birth (if different from above): _____
- 1.10 State of Origin: _____ Local Govt.: _____
- 1.11 Telephone No.: _____
- 1.12 e-mail: _____

2.0 ACADEMIC RECORDS

(Information entered is to be substantiated by documentary evidence wherever possible).

	INSTITUTIONS ATTENDED	QUALIFICATIONS	DATE
2.1	Schools (Post Primary)		
2.2	College of Technology/Polytechnics		
2.3	Universities		

5.0 DECLARATION

5.1 I, the undersigned, _____ hereby apply to have my name entered in the Register of the Quantity Surveyors Registration Board of Nigeria as a fully/temporally registered quantity surveyor.

5.2 I am practising/employed as: _____
under the (name of firm or employer) _____

5.3 Neither my professional nor general conduct has been such as to debar me from membership of any professional body or institution.

5.4 I hereby solemnly and sincerely declare that the foregoing statements are true in every respect and that I have the Decree and the rules and understanding that, if registered, I shall be bound thereby and by any amendments thereto so long as my name remains in the Register.

5.5 And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Law of 1973.

Declared at (name of court): _____

Signature of Applicant

Date

Before me: _____
(Commissioner of Oaths, Magistrate, Notary Public, etc)

This _____ day of _____, 20 ____

FOR OFFICIAL USE ONLY

Category of Registration approved _____

President's Signature & Date

Registrar's Signature & Date

S/No	ITEMS	DATE	INITIALS
1	Application form received stating number		
2	Fee received		
3	Application for acknowledged		
4	Application submitted to Registrar		
5	Recommendation to the Board		
6	Approval/Rejection by the Board		
7	Interview of applicant		
8	Notification to applicant		
9	Registration number		
10	Registration certificate issued		
11	Registration stamp issued		
12	Seal issued		
13	Published in the Gazette		

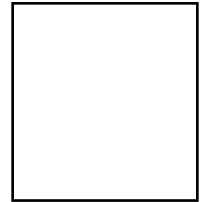


QUANTITY SURVEYORS REGISTRATION BOARD OF NIGERIA

Established by Decree No. 31 of 1986 (Now CAP Q1 LFN 2004)

CERTIFICATE OF EXPERIENCE

SECTION A



Passport Photograph

(Back of the passport to be Counter-Signed by the applicant's recommenders)

Particulars of Candidate

(To be filled in by the Candidate; please Tick in where applicable in the boxes provided in the questionnaire).

(A1) Surname: _____
(Present) (Former)

(A2) First Names _____ Other Names _____
(Present)

(Former)

(In case of change of Names and Marriage, please give the former and present names and attached necessary affidavit and publication)

(A2) Age: _____ Gender: Male Female:

(A3) QUALIFICATIONS:

A3 (a) B.Sc QS

A3 (b) B.Tech QS

A3 (c) H.N.D. QS

A3 (d) Other Qualifications. *In this case, please briefly provide details:* _____

(A4) Year of Graduation: _____

(A6) Nationality: Nigerian Commonwealth Other Countries

In the case of (A6b) and (A6C) give details:

Specify Commonwealth Country: _____

Specify Other Countries: _____

(A7) Membership of QS Professional Bodies: NIQS RICS Others

If others, pls give details: _____

(A8) Have you been convicted by a Court and or Tribunal of Law? Yes No

If yes, please, state briefly the nature of the offence:

Case Title: _____

Judge/Tribunal Chairman: _____

Summary of Verdict: _____

(A9) I, _____, certify that the above information provided in this form by me are correct and that I shall be held responsible for any information discovered later to be false.

Signature of Applicant

Date

SECTION B

ATTESTATION OF CANDIDATES EXPERIENCE

(To be filled by the Candidates Professional Supervisors/Trainer)

[You are please required to provide relevant information to the Board on the projects in which the Candidate worked within any two years. Information on projects worked upon within one year shall be given separately in a sheet]

Tick ✓ where applicable in the boxes provided, thus:

(B1.) **Area of Experience:** Building Civil Eng. Heavy Eng. Public Admin

(B2.) Year of Experience: 1st Year 2nd Year

(B3.)

PROJECT TITLES AND LOCATIONS	QS.	ARC.	ENGRS.	MONTHS OF SERVICES

B4 **Area of Experience of Trainees Performance***Please score as follows*

Items	Below 40	41-59	60-69	70-100
1. Brief Preparation & Analysis <input type="checkbox"/>				
2. Cost Planning & Report <input type="checkbox"/>				
3. BQ Preparation <input type="checkbox"/>				
4. Tender Evaluation report and Analysis <input type="checkbox"/>				
5. Interim Valuation <input type="checkbox"/>				
6. Final Account <input type="checkbox"/>				
7. Arbitration <input type="checkbox"/>				
8. Training Students in Industrial Training <input type="checkbox"/>				
9. Part-Time Lectures to QS Institute <input type="checkbox"/>				
10. Full-Time Lecturing in QS <input type="checkbox"/>				
11. Computer Training/Appreciation <input type="checkbox"/>				

SECTION C(i)

(To be filled by Officer certifying 1st Year Experience)

From my knowledge of the Candidate, he/she has acquired sufficient QS training as required for the minimum of two year period we have worked together/worked under my supervision. He/she is hereby recommended to the Board for Registration.

B5(i) CHARACTER AND BEHAVOURAL QUALITIES *(Please strike out that not applicable)*

	Excellent	Good	Average	Bad	Very Good	No Remarks	Signature of Officer Certifying 1st Year
General Character							
Professional Conduct							
Personality							
Devotion to Duty							

CERTIFICATIONS

From my knowledge of the Candidate, he/she has acquired sufficient QS training as required for the two year period and he/she is hereby recommended to the Board for Registration.

I certify that the above information provided in this form are correct and that I shall be held responsible for any information discovered later to be false.

Items	1 st YEAR CERTIFICATE OF EXPERIENCE
Name of RQS Certifying	
QSRBN Registration No.	
N.I.Q.S Registration No.	
Class of Membership (NIQS)	Fellow <input type="checkbox"/> Associate <input type="checkbox"/>
Firm/Organization (Name & Address)	
QSRBN Stamp or Seal with Signature and Signature	

SECTION C(ii)

(To be filled in by Officer certifying 2nd Year Experience)

From my knowledge of the Candidate, he/she has acquired sufficient QS training as required for the minimum of two year period we have worked together/worked under my supervision. He/she is hereby recommended to the Board for Registration.

B5(ii) CHARACTER AND BEHAVOURAL QUALITIES *(Please strike out that not applicable)*

	Excellent	Good	Average	Bad	Very Good	No Remarks	Signature of Officer Certifying 2nd Year
General Character							
Professional Conduct							
Personality							
Devotion to Duty							

CERTIFICATIONS

From my knowledge of the Candidate, he/she has acquired sufficient QS training as required for the two year period and he/she is hereby recommended to the Board for Registration.

I certify that the above information provided in this form are correct and that I shall be held responsible for any information discovered later to be false.

	2nd YEAR CERTIFICATE OF EXPERIENCE
Name of RQS Certifying	
QSRBN Registration No.	
N.I.Q.S Registration No.	
Class of Membership (NIQS)	Fellow <input type="checkbox"/> Associate <input type="checkbox"/>
Firm/Organization (Name & Address)	
QSRBN Stamp or Seal with Signature and Signature	

SECTION D

(For Official Use Only)

Date Received: _____

Signature & Date
President

Approved Provisional Approval Deferred

Signature & Date
Registrar

Date Approved: _____

Registration No.: QS/ _____