

**Completing this form**

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – any amendments should be crossed out and initialled

**1. PERSONAL DETAILS**

Applicant:   
(organisation/association/individual)

Postal Address:   
 Postcode:

Contact Ph:  Fax:

Email:

**2. APPLICATION DETAILS**

**Request specifications:** lists of licensed certifiers can be obtained according to area or postcode. It is recommended that postcode searches use a larger area to increase the likelihood of finding certifiers in the surrounding area.

Please indicate which area you require:

Brisbane  Gold Coast  Brisbane and Gold Coast  Brisbane and Sunshine Coast  SE Queensland

Please indicate which postcode/s you require by:

Range (e.g. 4211 - 4290):  List:

Please indicate how you want information supplied:

As a hard copy on paper only  Via e-mail (in excel spreadsheet format)  Via facsimile

**Please allow five working days for your request to be processed**

**3. DECLARATION**

(Name of association / organisation or individual)

undertakes not to use the requested or supplied information for purposes other than those nominated above without the express permission of QBCC nor make the information available to other organisations, associations or parties. It is acknowledged that a breach of this undertaking could result in QBCC declining to make further information available to this organisation/association. It is further acknowledged that by supplying the requested information on this occasion QBCC does not guarantee to supply information in the future.

Signature  Date:  /  /

**8. FEES**

**I will be paying fee of \$15.00**

by cheque  by credit card  (QBCC cannot accept American Express or Diners Club)

Credit card number

Expiry date  /  VISA  Mastercard

Amount paid \$       .

Cardholder's name

Cardholder's signature