

ADMINISTRATIVE ACCESS RELEASE

COMPLETING THIS FORM

This is an interactive PDF form that you may complete in Acrobat Reader, or the web browser this form is being viewed in. Please save this form to your device before printing and submitting.

If you are completing this form in hard copy:

- · Print clearly in BLOCK LETTERS
- DO NOT use correction fluid cross out and initial amendments

RETURN YOUR FULLY COMPLETED FORM AND ALL REQUIRED DOCUMENTS BY:

Email: rti.privacy@qbcc.qld.gov.au

Post: QBCC - GPO Box 5099 Brisbane QLD

In person: QBCC service centres are listed on our website qbcc.qld.gov.au.

Administrative Access allows licensees and ho	me owners to access documents the	ev have sent to QBCC or	QBCC has sent to them



Are you seeking documents **sent to QBCC by someone else** (e.g. a third party)? **This is the wrong form!**



Use our 'Right to Information and Information Privacy Access Application Form' available on our website qbcc.qld.gov.au

1. APPLICANT DETAILS		This is the person whose documents are held on file with the QBCC (e.g. licensee, home owner).					
Title	Mr	Mrs	Miss	Ms	Other		
Surname							
First names							
QBCC Lic No							
Address							
State		Postcode		Pho	one		
Email							
Company name							
ACN					ABN		

	If
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If an authorised representative is acting for the applicant, you must also complete 'Attachment A - Authority to Act' and provide proof of their identity.

2. DETAILS OF THE DOCUMENTS YOU SEEK ACCESS TO

Please describe the documents you wish to access in as much detail as possible to help us process your request as fast as possible. (e.g. copy of my carpentry qualification, my defective work complaint form - lodged in May 2019)

PRIVACY NOTICE: The QBCC is collecting your personal information to assess and manage your request for information pursuant to the QBCC Administrative Access Policy. The Commission will handle your personal information in accordance with the *Information Privacy Act 2009*.

	CRN:	Licence No:	0.1.	
OFFICE	CKIV.	Licence No.	Container:	
USE ONLY	Assignee:	Received by:		

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ADMINISTRATIVE ACCESS RELEASE

3. PREFERRED CONTACT DETAILS				
How would you like us to communicate with you about your request? (select one or more if applicable)		Phone	Email	Post
How would you like to receive your documents? (select one or more if applicable)			Email	Post
4. PROOF OF IDENTITY				
Have you attached proof of your identity?				
(i.e. you must provide either a copy of your current Driver's Licence/Proof of Age Card, current Passport or Birth Certificate) (please tick)			Yes	No
5. DECLARATION				
Have you provided all of the necessary information? You will avoid delays if you complete this form in full and provide all relevan	ıt attachme	nts.		
I declare that the information provided in this form is true and correct.				
Name of person providing the declaration				
Applicant's		D D N	1 M Y Y	ΥΥ
signature	Date	/	/	

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ATTACHMENT A AUTHORITY TO ACT FOR ADMINISTRATIVE ACCESS RELEASE

Complete If yes, the	this attachment only applicant must comp	y if an 'authorised repre plete this section to allo	sentative' is see w the authorise	king access to d representativ	documents ve to access	on behalf their doc	of the 'applicar uments.	nt'.
A.1: APPLICANT'S AUTHORISED REPRESENTATIVE'S DETAILS (e.g. agent, solicitor, family member)								
Title	Mr M	Mrs Miss	Ms	Other				
Surname								
First names								
Address								
State	Ро	ostcode	Phon	е				
Email								
A.2: APPLICAN	T'S DECLARATIO	DN (e.g. licensee, hom	ne owner)					
l , (full name of person								
allowing access to their documents)								
of , (Residential address of the 'Applicant')								
					State	ŀ	Postcode	
	QBCC licence numb	per (if applicable) (of the	e Applicant')					
Give permission for								
(full name of the person gaining authority)								
	to access the docu	uments described in C	Question 2 on t	he 'Administr	ative Acce	ess Releas	se Form' on m	y behalf.
	Attach (i.e. you	ned is a copy of my Auth ornust provide either a copy of	orised Represent of their current Drive	tative's Proof or's Licence/Proof	of Identity of Age Card,	current Pass	port or Birth Certif	icate)
Contact phone (of the 'Applicant')								
Applicant's signature					D D	M	M Y Y	Y Y
	(signature of t	he person allowing access to	their documents)	Date		/	/	

PRIVACY NOTICE: QBCC is collecting your personal information for the purpose of you authorising a third party to act on your behalf to access your information pursuant to the QBCC Administrative Access Policy. The Commission will handle your personal information in accordance with the *Information Privacy Act 2009.*

OFFICE	CRN:	Licence No:	Container:	
USE ONLY	Assignee:	Received by:		

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