

PRIVACY NOTICE

The QBCC is collecting information on this form to determine whether you are entitled to a licence. This is authorised by the *Queensland Building and Construction Commission Act 1991* (QBCC Act). Some of this information will be included in the licensee register.

You may receive information from us for educational purposes in accordance with the QBCC Act. Please refer to the Privacy Policy on our website for full use and disclosure details. All information held by the QBCC may be subject to application for access under the *Right to Information Act 2009* (RTI Act).

RETURN YOUR COMPLETED FORM AND ALL DOCUMENTS BY

Post: GPO Box 5099 Brisbane QLD 4001.
 In person: QBCC service centres are listed on our website qbcc.qld.gov.au.

COMPLETING THIS FORM

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

1. PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

Surname

First names

Application no (if applicable)

2. WORK HISTORY

REFEREES

Supply details of at least three (3) contractors or customers who can verify your experience in the scope of work you are applying for.

Surname

First name

Phone number

Surname

First name

Phone number

Surname

First name

Phone number

i NOTE: If you are not a Citizen, Permanent Resident or have a current Australian Work Visa or ImmiCard allowing you to work in Australia, you are not entitled to apply for a licence.

OFFICE USE ONLY	CRN:	<input type="text"/>	Licence no:	<input type="text"/>	Container: <input type="text"/>
	Receipt no:	<input type="text"/>	Receipt amount:	\$ <input type="text"/>	
	Assignee:	<input type="text"/>	Received by:	<input type="text"/>	

JOB DETAILS

Tick check boxes for the applicable elements and provide details of the work carried out in the section below.

Construct or install
 Maintain
 Replace
 Test
 Repair
 Commission
 Alter

Site address

State Postcode

Start date Finish date

M	M	/	Y	Y	Y	Y
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

M	M	/	Y	Y	Y	Y
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Describe the work you carried out

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