

GOVERNING LEGISLATION

This form is to be used for the purposes of sections 246BI and 246BR of the Building Act 1975. The Queensland Building and Construction Commission will consider the information in this form when deciding the suitability of a person applying for a licence or restoration.

PRIVACY NOTICE

The QBCC is collecting information to assess your application for a licence and for the purposes of administering the Queensland Building and Construction Commission Act 1991 and to further its objects and any function given to it under another Act. The collection of information is authorised under the Building Act 1975. This information can be disclosed by the QBCC to another party with your consent or as authorised or required by law.

FORM 27 APPLICATION FOR/RESTORATION OF POOL SAFETY INSPECTOR LICENCE

For further information, visit the Privacy Policy on the QBCC website at qbcc.qld.gov.au.

COMPLETING THIS FORM

- Use BLACK pen only
- 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

| Post: | GPO Box 5099 Brisbane QLD 4001 |
|------------|--|
| in person: | QBCC Service Centres are listed on our website |
| Online: | Lodge via myqbcc |

| 1. PERSONAL I | DETAI | LS | | | | | | | | | | | | | | | |
|----------------|-------|-----|-----|---|------|---|----|-----|--------|-----|----|-----|---|--------|------|--|--|
| Title | M | r | Mrs | | Miss | | Ms | | | | Ot | her | | | | | |
| Surname | | | | | | | | | | | | | | | | | |
| First name | | | | | | | | | | | | | | | | | |
| | D | D M | 1 M | Y | Y | Y | Y | | | | | | | | | | |
| Date of birth | | | | | | | | A | ABN | | | | | | | | |
| Postal address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | St | ate | | | F | Postco | de | | |
| Home address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | St | ate | | | | Posto | code | | |
| Business phone | | | | | | | | Hor | me pho | one | | | | | | | |
| Mobile | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

2. APPLICATION TYPE AND FEES

Renewal and application fees are set by the Building Regulation 2021. Please tick.

Initial licence application fee

Licence restoration fee

this consists of an application fee and a licence fee

this consists of an application fee and a licence fee

ĺ Refer to page 6 for the Pool Safety Inspectors schedule of fees

| OFFICE | CRN | Licence number |
|----------|----------------|----------------|
| USE ONLY | Receipt amount | Receipt amount |



3. SERVICE AREAS (local government areas in which you intend to provide a service)

4. PROOF OF IDENTITY

Please provide a full colour certified copy of the one of the following.

Passport

Other (e.g. 18+ card)

Driver licence

True False

5. ATTACHMENTS

Certificate of competency for approved training course (not required for licensed building certifiers).

Evidence of passing pool safety inspector test (not required for licensed building certifiers).

*Passport style photograph (see requirements on page 5).

6. DECLARATION - (your signature in section 9 confirms this declaration)

I have not been convicted of an offence under the *Building Act 1975* or another relevant Act, such as an Act dealing with swimming pool safety, building or occupational licensing.

I have not been convicted of an offence that involves fraud or dishonesty.

I have not previously been refused a licence or had a licence suspended or cancelled, under the *Building Act 1975* or another Act.

I have not, under another Act, been disqualified from holding a licence under that Act.

I have not accumulated demerit points prescribed under the Building Regulation 2021 for section 246CG(2) (d) of the *Building Act 1975*.

I have not been involved in dealings where the standard of honesty and integrity exhibited was less than would be expected of a pool safety inspector.

If I have answered 'false' to any of the above, I provide the following explanatory information:

NOTE: This is not compulsory to answer this question. You may attach more information if necessary. * Not compulsory, requests for cards submitted with no photo will be issued with a blank silhouette.



7. PROFESSIONAL INDEMNITY DECLARATION

| Na | me of insured | | | | | | | | | | | | | | | | | | | | | | | |
|--------|---|-------|---------|---------|----------|---------|---------|---------|--------|---------|-------|--------|--------|---------------|--------|--------|--------|--------|--------|--------|---------|---------|-------|--------|
| | | | | | | | | | | | | | | | | | | | | | | | | |
| F | olicy number | | | | | | | | | | | | Cur | rent t | o D | D | | М | М | Y | Y | Y | Y | |
| | | | | | | | | | | | | | | | | | / | | / | | | | | |
| | Insurer underwriter | | | | | | | | | | | | | | | | | | | | | | | |
| l an | n the insured o | r the | prine | cipal | of th | e insı | ured | com | pany, | /busi | ness | listec | dont | the Sc | :hed | ule o | fIns | uran | ce/C | ertifi | cate | of cu | rren | су |
| atta | ached. I have, o | or th | e con | npan | y/bu | sines | s has | , pro | fessi | onal i | nder | nnity | insu | rance | tha | t prov | vides | the | follov | ving: | | | | |
| a. | A minimum lir (must be a minimspector of a | nimu | m of | \$1 m | illion |) for a | | | eriod | of in | surar | nce th | nat m | nay ar | ise fr | rom t | he pe | erfori | manc | e by | the p | ool s | afety | r |
| | | | | M | М | | | | Y Y | Y | 1 | MN | 1 | Y | Y | Y | Y | | | | | | | |
| b. | An insurance | perio | d of | | | / | | | | t | 0 | | / | | | | | | | | | | | |
| C. | As well as the with the conse | | | | | | | | | | | es (no | ot lim | ited t | o an | amo | unt le | ess th | nan \$ | 200,0 |)00) i | ncuri | ed | |
| d. | No exclusion of or alleged bre | | | | | | ersor | nal inj | jury c | or pro | pert | y dan | nage | provi | ded | that | the c | laim | arise | s fror | n an i | actua | il | |
| e. | No requireme clients or cust | | | | | | | | | | | | | | | | | | | y insp | pecto | r's | | |
| f. | Indemnity for inspector afte | | | | | | - | | | | - | | | ising | from | an a | ct, er | ror c | or om | issior | n of tl | ne | | |
| g. | At least one a | utom | natic i | reinst | atem | ient d | of ind | emn | ity. | | | | | | | | | | | | | | | |
| h. | Indemnity for acts or omissi | | | perf | orma | nce c | of a p | ool s | afety | insp | ectio | n fun | ctior | n (oth | er th | an fo | r clai | ms fo | or fra | udule | ent or | ' illeg | al | |
| i. | Indemnity for no longer are | | | | | | | nd di | recto | rs of | the e | mplo | yer c | of the | pool | safe | ty ins | spect | or w | ho we | ere b | ut | | |
| j. | Provides cove | r for | the f | ollow | ing p | ool s | afety | insp | ector | r/s lis | ted u | nder | Sche | edule | A be | elow. | | | | | | | | |
| | | | | | | | | | | | | | | | [|) C | | М | М | Y | Y | Y | Y | |
| | Signature of insured party | | | | | | | | | | | | | Date | 9 | | / | | | / | | | | |
| | | *Sole | operat | or or p | rincipal | of corr | ipany/l | ousines | SS. | | | | | | | | | | | | | | | |
| | HEDULE A (To NTIFY POOL | | | | | | | | | | | | | | | | | | | | | rators) | | |
| Poo | I safety inspector | | | | | | | | | | | | | | | | | | | | | | |] |
| Poo | l safety inspector | | | | | | | | | | | | | | | | | | | | | | | |
| Poo | I safety inspector | | | | | | | | | | | | | | | | | | | | | | | |
| Poo | I safety inspector | | | | | | | | | | | | | | | | | | | | | | | |
| Poo | I safety inspector | | | | | | | | | | | | | | | | | | | | | | | |
| 00044_ | _F27PSI_v12_06/23 | | | | | | | | | | | | | | | | | | | | | | Page | 3 of 6 |



FORM 27 APPLICATION FOR/RESTORATION OF POOL SAFETY INSPECTOR LICENCE

| 8. ADDITIONAL REQ | QUIREMENTS | |
|--|--|------------------------|
| Have you been known by | by any other names? you must provide full details of all previous names you have been known by. | Yes No |
| ii you nave tickeu yes, yo | | |
| | | |
| | | |
| 9. DECLARATION BY | Y THE APPLICANT | |
| I declare: | | |
| the information conf I have read the Priva | ntained in, and accompanying, this form is true and correct vacy Notice | |
| | | |
| | D D M M | Y Y Y Y |
| Applicant's signature | Date / / | |
| Name | | |
| | | |
| | | |
| | | W/a accort |
| 10. PAYMENT OPTIO | JNS | – We accept – |
| I will pay at a Q | QBCC office when returning this form in person Credit card | nastercard. |
| | | |
| Name of Card Holder | | |
| | | |
| Credit card number | |] |
| create card number | | |
| Expiry Date | Total Amount \$ | |
| | The Commission's licence and application fe | es are exempt from GST |



FACT SHEET

LICENCE PHOTOGRAPH GUIDELINES



Subject

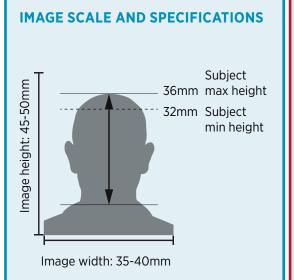
- Eyes open and clearly visible
- Neutral expression
- Mouth closed
- Subject centred and facing the camera
- Whole face visible
- No hair or head covering across the face
- No glasses
- No smiling (sorry)
- Facial piercings, such as nose rings and studs, that are worn permanently by the subject, must not cause a reflection

Lighting

- Even, shadowless lighting on the face
- White or light grey background preferable
- No shadows on background
- Light to ensure no red-eye

Editing

- Final image must be a true likeness of the subject
- No retouching of photographs permitted
- Adjust brightness/contrast only
- Moles, wrinkles, scars must not be removed
- Must not remove red-eye by editing



- Print size 35mm wide x 40 mm high
- If scanned image is provided photo must be high resolution (min 300dpi/RGB) in JPEG, TIFF, PNG or PDF formats
- If you are unable to capture an image meeting the requested specifications, Australia Post offer a passport photo service. Please see the website for further information and where the service is available.

PLEASE NOTE THE FOLLOWING EXAMPLES REGARDING SUBJECTS AND IMAGERY WILL NOT BE ACCEPTED. PHOTOGRAPHS SHOULD FOLLOW THE GUIDELINES ABOVE.



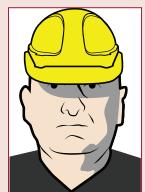
No glasses

Head/chin must be up and directly looking in

to the camera.



Face and background must be shadow free.



No hats or objects obstructing a clear view of the face.



NO SIDE PROFILES. IMAGE SHOULD BE TAKEN FRONT ON.



Do not overexpose the image. features must be clear and distinguishable at a glance



POOL SAFETY INSPECTORS

EFFECTIVE 1 JULY 2023 - 30 JUNE 2024

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Fees pursuant to the Building Act 1975 and Building Regulation 2021

Our fees and charges increase on 1 July each year. On 1 July 2023 our fees and charges were increased in line with legislative requirements. You can contact us to find out details about specific fees, charges or prices.

| Fee for an identification number for a pool safety certificate (Act, s46AJ(3)) | \$44.26 |
|--|---------|
| Fee to inspect the regulated pools register (Act, s246AT(1)(a)) | Nil |

FEE FOR A PAPER COPY OF INFORMATION HELD IN THE REGULATED POOLS REGISTER (Act, S246AT(1)(B))

| (a) For the first page | \$7.16 |
|------------------------------|--------|
| (b) For each additional page | \$3.02 |

LICENSING AS A POOL SAFETY INSPECTOR (Act, S246BI(1)(C))

| COMBINED FEE | \$665.47 |
|---------------------|----------|
| (b) Licence fee | \$221.38 |
| (a) Application fee | \$444.09 |

RENEWAL OF A POOL SAFETY INSPECTOR'S LICENCE (Act, s246BN(3))

| (a) Renewal fee | \$221.38 |
|-----------------|----------|
| (b) Licence fee | \$111.46 |

RESTORATION OF A POOL SAFETY INSPECTOR'S LICENCE (Act, s246BR(2)(c))

| (a) Restoration fee | \$444.09 |
|---------------------|----------|
| (b) Licence fee | \$221.38 |
| COMBINED FEE | \$665.47 |
| COMBINED I EE | \$005.47 |

Need more information

Call QBCC on 139 333, visit our website **qbcc.qld.gov.au** or your local QBCC Customer Service Centre.