

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 Via e-mail (in excel spreadsheet format)

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: / /

4. FEES

I will be paying fee of \$15.00

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