

## AUTHORITY TO ACT NOMINATED REPRESENTATIVES - INDIVIDUAL

#### **BEFORE SUBMITTING YOUR APPLICATION**

Please ensure that the statements and supporting information contained in this application are true and correct.

#### **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

## 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

Email: info@qbcc.qld.gov.au

(all required documents must be scanned and attached)

Online: Lodge via myqbcc

1. LICENSEE GRANTING AUTHORISATION																							
QBCC licence number																							
I, (Name of licensee as																							
appears on licence)																							
		hereby give permission for the below Nominated Representative to be registered on my licence to act on my behalf within concerning the authorised actions listed on page two.														nin							
Licensee															D	D	N	1 1	М	Υ	Υ	Υ	Y
signature												Date / /											
2 NOMINATE	D DE	DEC	-NIT	A <b>T</b> 1\/	_																		
2. NOMINATED REPRESENTATIVE  In order for the correct profile to be linked please provide the following details for the person being nominated.  Please ensure the details provided match their Nominated Representative QBCC profile, if a profile already exist for them.																							
	ne deta	ails pr T	ovid	ed ma	atch t	:heir I	Nomii T	nated	Repre	esenta I	ative	QBC(	prof	ile, if	a pro	ifile a	Iread:	y exis	st for	them	i.		
Surname																							
Given names																							
Postal address																							
												9	State					Post	tcode				
Contact Phone												lterna contac											
Email																							
Please note nominee's email must be different to the licensee's listed email address																							
Classification																							
to be listed:	(refer to table on page 2 for classifications and approved actions)																						
Representative's															D	D	1	4	М	Υ	Υ	Υ	Υ
signature													Date	9			/		/				

**PRIVACY NOTICE:** Personal Information is collected on this form for the purpose of ensuring only authorised person/s are listed as Nominated Representatives for particular functions nominated by a licensee or Director. Please refer to the QBCC Privacy Policy on the QBCC website for further information.

00022\_AA-I\_v5\_10/19 Page 1 of 2



# AUTHORITY TO ACT NOMINATED REPRESENTATIVES - INDIVIDUAL

## 3. NOMINATED REPRESENTATIVE CLASSIFICATIONS AND AUTHORISED ACTIONS

**Note:** This authority remains in force until the licensee revokes it in writing to the QBCC.

Approved Actions for phone enquiries	Spouse/ Life partner	Employee	Family member	Accountant
Renew a Licence	✓	✓	<b>√</b>	✓
Change of licence Renewal Period (1 or 3 years)	<b>✓</b>	✓	<b>√</b>	✓
Maintain/update licensee contact details Addresses, telephone & fax numbers only	✓			
Submit Professional Indemnity insurance	<b>✓</b>			
Submit evidence of current occupational licence	<b>✓</b>			
Purchase Home Warranty Insurance (HWI)	✓	✓	<b>√</b>	
Amend Home Warranty Insurance	✓	✓	<b>√</b>	
Cancel Home Warranty Insurance	✓	✓	✓	
Request additional copy of receipts and/or Notice of Cover for HWI	✓	<b>✓</b>	✓	
Request a licence renewal receipt (This will only be sent to the licensee's email address)	<b>√</b>	<b>✓</b>	<b>√</b>	<b>✓</b>
Submit financial information by email. Financial information can include; MFR reports, Self-Certified declarations, Estimated Turnover declarations. Preferably emailed from the licensee's email account or accountant's email account to make the process smoother for the licence holder				<b>✓</b>

### Please note:

The licensee is the only one authorised for all other enquiries, including:

- Update their email address
- Add a Nominated Representative to their licence
- Maintain their licence profile in Find a Local Contractor

00022\_AA-I\_v5\_10/19 Page 2 of 2