

RETURN YOUR COMPLETED FORM AND ALL DOCUMENTS BY:

Email: rti@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.

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid - any amendment should be crossed out and initialed

Administrative Access allows licensees and home owners to access documents they 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'S 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 Licence number

Phone Mobile

Email

Postal Address

State Postcode

Company name

ACN

ABN



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*.

OFFICE USE ONLY	CRN: <input type="text"/>	Licence No: <input type="text"/>	Container: <input type="text"/>
	Assignee: <input type="text"/>	Received by: <input type="text"/>	



COMPLETE THIS ATTACHMENT ONLY IF AN 'AUTHORISED REPRESENTATIVE' IS SEEKING ACCESS TO DOCUMENTS ON BEHALF OF THE 'APPLICANT'. IF YES, THE APPLICANT MUST COMPLETE THIS SECTION TO ALLOW THE AUTHORISED REPRESENTATIVE TO ACCESS THEIR DOCUMENTS.

A.1: APPLICANT'S AUTHORISED REPRESENTATIVE'S DETAILS (e.g. agent, solicitor, family member)

Title Mr Mrs Miss Ms Other

Surname

First names

Phone Mobile

Email

Postal Address

State Postcode

A.2: APPLICANT'S DECLARATION (e.g. licensee, home owner)

I,
(full name of person allowing access to their documents)

of,
(Residential address of the 'Applicant')

State Postcode

QBCC licence number (if applicable) (of the Applicant')

Give permission for
(full name of the person gaining authority)

to access the documents described in Question 2 on the 'Administrative Access Release Form' on my behalf.

Attached is a copy of my **Authorised Representative's Proof of Identity**
(i.e. you must provide either a copy of their current Driver's Licence/Proof of Age Card, current Passport or Birth Certificate)

Contact phone (of the 'Applicant')

Applicant's signature

Date / /

(signature of the person allowing access to their documents)

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*.

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