

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
- Fields with a * are mandatory – action will not be taken without this information

Return your fully-completed form and ALL required documents by:

Post: GPO Box 5099 Brisbane QLD 4001

Email: plumbers@qbcc.qld.gov.au

(all required documents must be scanned and attached)

in person: QBCC Service Centres are listed on our website.

1. Employer details

Name of employer	<input type="text"/>																		
Licence number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	License Type	<input type="text"/>					
Contact phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Email	<input type="text"/>								Expiry	D	D	/	M	M	/	Y	Y	Y	Y

2. Declaration by employer - DRAINAGE

This section is to be completed by a licensed drainer. Please tick the correct response.

Note: 12 months work experience **as a licensee** must be completed and verified under supervision by a licensed drainer. If you have had more than **one licensed** employer during the 12 month period, separate trade experience forms must be submitted.

DRAINAGE

I, hereby certify that

has been employed by

from / / / / / / / to / / / / / / /

and is competent in the following classes of work:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. draining excavation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. timbering and/or shoring | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. taking levels—drain laying | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. pipe laying | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. pipe jointing | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. jump ups | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. fitting and fixing junctions, bends and traps | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. construction on manholes and inspection chambers | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. septic tanks and filter installations | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. construction of absorption trenches and transpiration trenches | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. maintaining on-site sewerage facilities | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. maintaining on-site sewerage facilities and on-site treatment plant installation work | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Signature	<input type="text"/>								Date	D	D	/	M	M	/	Y	Y	Y	Y
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OFFICE ONLY	CRN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Licence No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Receipt Amount	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Receipt No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Declaration by employer - PLUMBING

This section is to be completed by a licensed plumber. Please tick the correct response.

Note: 12 months work experience **as a licensee** must be completed and verified under supervision by a licensed plumber. If you have had more than **one licensed** employer during the 12 month period, separate trade experience forms must be submitted.

PLUMBING

I, hereby certify that

has been employed by

from

D	D
<input type="text"/>	<input type="text"/>

 /

M	M
<input type="text"/>	<input type="text"/>

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 to

D	D
<input type="text"/>	<input type="text"/>

 /

M	M
<input type="text"/>	<input type="text"/>

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

and is competent in the following classes of work:

WATER SUPPLY

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. install hot and cold water service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. install backflow prevention device | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. adjust a range of valves, flushing and mechanical devices for correct flow and operation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. fabricate and install fire hydrants and hose reel | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. install potable water storage systems | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. install water treatment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

SANITARY PLUMBING

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 7. install discharge pipes for sanitary plumbing installation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. fabricate and install soil and waste stacks | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. install and fit off sanitary fixtures | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

MECHANICAL SERVICES (please specify)

OTHER (please specify)

Signature Date

D	D
<input type="text"/>	<input type="text"/>

 /

M	M
<input type="text"/>	<input type="text"/>

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Declaration by the applicant

I declare that the information contained in, and accompanying, this form is true and correct.

Applicant name

Signature Date

D	D
<input type="text"/>	<input type="text"/>

 /

M	M
<input type="text"/>	<input type="text"/>

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: There are substantial penalties for making a statement, or giving a document to the Queensland Building and Construction Commission that you know is false or misleading in a material particular. Regulated plumbing or drainage work performed in Queensland without a licence will not be considered for the purposes of assessing licence applications. Evidence of work performed without a licence, if submitted, could lead to prosecution.

PRIVACY NOTICE: The information on this form is collected as required under the *Plumbing and Drainage Act 2002* (PDA) by the QBCC. This information may be stored in the QBCC's database and will be used for the purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the Queensland Government's financial transactions and may be disclosed to other local government government agencies, local government authorities and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*.

Right to Information: The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations, and is subject to the Right to Information regime established by the *Right to Information Act 2009*. For more information regarding your privacy, contact RTI on (07) 3225 2910.