

RETURN YOUR COMPLETED FORM AND ALL DOCUMENTS BY:

Post: GPO Box 5099 Brisbane QLD 4001.
In person: QBCC service centres are listed
on our website qbcc.qld.gov.au.

You are not able to apply for a licence if you are not a citizen, permanent resident or do not have a current Australian work visa.

COMPLETING THIS FORM

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

1. PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

Surname

First names

Date of Birth / / ABN

Postal Address

Business address (This cannot be a PO Box) State Postcode

Home Address

Business phone Home phone

Mobile

Email

2. APPLICATION DETAILS

Tick the Licence Type you are applying for:

Contractor Nominee Supervisor

PRIVACY NOTICE: The QBCC is collecting information on this form to determine whether you are entitled to a licence. This is authorised by the *Queensland Building and Construction Commission Act 1991* (QBCC Act). Some of this information will be included in the licensee register. You may receive information from us for educational purposes in accordance with the QBCC Act. Please refer to the Privacy Policy on our website for full use and disclosure details. All information held by the QBCC may be subject to application for access under the *Right to Information Act 2009* (RTI Act).

OFFICE ONLY	CRN:	Licence No:	Container:
	Receipt No:	Receipt Amount: \$	
	Assignee:	Received by:	

3. QUALIFICATIONS

Select your technical requirement option.

Only select one option

Option 1

I am applying using the [Technical Requirements for Licensing](#). A summary of the technical requirements for Medical Gas is available on the QBCC website.

Option 2

I am applying using the 'alternative qualification pathway'. Choose from one of the alternative qualifications pathways below and provide detail of this selection in the space provided. For example, if you choose an engineering degree, detail which type of engineering degree you are providing for consideration. **NOTE:** if you select Option 2 you must complete the Experience requirements (section 9 on page 4).

- 1. A gasfitting licence
- 2. An engineering degree
- 3. A relevant apprenticeship

Managerial qualifications: A copy of your managerial qualifications MUST be provided. YES
I have attached a copy of my managerial qualification.

NOTE: If any of these documents are not provided, your application cannot be approved and processing will be delayed. Please do not send originals.

4. FINANCIAL INFORMATION

Do you have a Court or Tribunal Order or adjudication decision requiring you to pay a debt which you have not yet paid in full? YES NO

If yes, provide copies of all relevant documentation.

- a) If you are applying for Site Supervisor or Nominee Supervisor licence - do not complete this section
- b) If you are applying for a Contractor licence in Mechanical Services – Medical Gas, Maximum Revenue will not apply until 31 December 2020 but you must provide your Estimated Maximum Revenue for the reporting year.

Complete the Estimated Maximum Revenue declaration below:

What is the last day of your most recent reporting year? / /

Are you operating under a trust structure? YES NO

Choose your estimated maximum revenue from the options below. Tick ONE only

My Estimated Maximum Revenue WILL NOT exceed \$200,000 for the reporting year. YES

OR
My Estimated Maximum Revenue WILL NOT exceed \$800,000 for the reporting year. YES

OR
My Estimated Maximum Revenue WILL NOT exceed \$12,000,000 for the reporting year. YES

OR
My Estimated Maximum Revenue WILL exceed \$12,000,000 for the reporting year. YES

NOTE:
You will be required to comply with the Minimum Financial Requirements (MFR) stated in the *Queensland Building and Construction Commission (Minimum Financial Requirements) Regulation 2018* by 31 December 2020. If you hold any other QBCC contractor licence class, you must continue to comply with the Minimum Financial Requirements, including annual reporting responsibilities, for that licence class. See the [QBCC website](#).

The QBCC will provide you with more information about your obligations if your application is successful.

5. PROOF OF IDENTITY

Answer all questions in this section.

Tick ONE only

i. I hold/held a QBCC licence and my licence number is/was:

YES

OR

I have provided a certified copy of photo identification (e.g. driver's licence or passport)

YES

ii. Place of birth (Town/City e.g. Brisbane, London)

iii. Country of birth (e.g Australia, England)

6. PARTNERSHIP

Do you intend to carry out business under the licence in partnership with an unlicensed person?
If YES, you must provide a copy of relevant documents (see Checklist attachment).

YES NO

7. FIT AND PROPER

You must answer ALL questions in the following section. The QBCC regularly cross-checks information provided herein with external agencies. This information is publicly available.

Have you OR any intended business partner:

- i. ever become bankrupt or entered into a debt agreement under Part IX of the *Bankruptcy Act 1966*? YES NO
- ii. ever entered into a composition, deed of arrangement or deed of assignment under Part X of the *Bankruptcy Act 1966*? YES NO
- iii. been convicted of an offence (including *Work Health and Safety Act 2011* offences) within the last 10 years? YES NO
- iv. ever been convicted of an offence under the *Corporations Act 2001* (Commonwealth) section 596 (b) or (c)? YES NO
- v. had a pending or current court proceeding of any criminal offences (excluding traffic offences) within the last 10 years? YES NO
- vi. ever been disciplined by any Tribunal, Board, Commission or Authority in relation to building work? YES NO
- vii. ever been a:
 - director;
 - secretary;
 - shareholder; OR
 - a person in a position to control or substantially influence a company's conduct or affairs within 2 years of a company being placed in receivership, administration, official administration, under a deed of company arrangement, in liquidation or wound up for the benefit of creditors? YES NO

8. ADDITIONAL REQUIREMENTS

You must answer ALL questions in this section.

Are you an Australian citizen, permanent resident, or do you have a current visa or ImmiCard issued under the *Migration Act 1958*, entitling you to work in Australia?

Tick ONE only.

I am a Citizen or Permanent Resident

YES

OR

I have a current visa or ImmiCard (If you answer YES to this question, you MUST supply a copy of the visa or ImmiCard and any relevant conditions that apply)

YES

NOTE: If you are not a Citizen, Permanent Resident or have a current work visa or ImmiCard allowing you to work in Australia, you are not entitled to apply for a licence.

8. ADDITIONAL REQUIREMENTS CONTINUED

Tick YES or NO

Do you have a registered business or trading name? (e.g. John Smith trading as Smith Builders).

YES NO

If you answer YES, you must provide a copy of the Current Business Name Extract from the Australian Securities and Investment Commission (ASIC).

9. EXPERIENCE (APPLICABLE IF USING THE ALTERNATIVE QUALIFICATION PATHWAY)

Complete this section if you are applying for a Contractor or Nominee Supervisor licence using the alternative qualification pathway.

Referees

Supply details of contractors or customers who can verify your experience in the scope of work you are applying for.

Surname	<input type="text"/>
First Name	<input type="text"/>
Phone Number	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Phone Number	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Phone Number	<input type="text"/>

WORK HISTORY

In relation to your medical gas work provide details of your work experience in relation to the following categories. This should demonstrate a minimum of six months. You can provide details of more than one element in the same timeframe or location. Please provide any supporting documentation or photos of your work. This includes contracts or certification documentation.

NOTE: You are not required to have experience in every element of the following, however if you do not have experience in an element the QBCC may impose a condition on your licence restricting you from doing work you have no experience in.

CONSTRUCT/INSTALL A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date	M <input type="text"/> M <input type="text"/> / Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/>	Finish Date	M <input type="text"/> M <input type="text"/> / Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/>
Site Address (e.g. hospital)	<input type="text"/>		
	<input type="text"/>		
	State <input type="text"/>	Postcode <input type="text"/>	<input type="text"/>

Describe the work you carried out.

9. EXPERIENCE (APPLICABLE IF USING THE ALTERNATIVE QUALIFICATION PATHWAY) CONTINUED

REPLACE A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date: M M / Y Y Y Y Finish Date: M M / Y Y Y Y
 Site Address (e.g. hospital):
 State: Postcode:

Describe the work you carried out.

REPAIR A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date: M M / Y Y Y Y Finish Date: M M / Y Y Y Y
 Site Address (e.g. hospital):
 State: Postcode:

Describe the work you carried out.

9. EXPERIENCE (APPLICABLE IF USING THE ALTERNATIVE QUALIFICATION PATHWAY) CONTINUED

ALTER A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date: M M / Y Y Y Y Finish Date: M M / Y Y Y Y
 Site Address (e.g. hospital): [Grid of 20 cells]
 [Grid of 20 cells]
 [Grid of 20 cells] State: [Grid of 2 cells] Postcode: [Grid of 4 cells]

Describe the work you carried out.

MAINTAIN A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date: M M / Y Y Y Y Finish Date: M M / Y Y Y Y
 Site Address (e.g. hospital): [Grid of 20 cells]
 [Grid of 20 cells]
 [Grid of 20 cells] State: [Grid of 2 cells] Postcode: [Grid of 4 cells]

Describe the work you carried out.

9. EXPERIENCE (APPLICABLE IF USING THE ALTERNATIVE QUALIFICATION PATHWAY) CONTINUED

TEST A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date: M M / Y Y Y Y Finish Date: M M / Y Y Y Y
 Site Address (e.g. hospital):

 _____ State: _____ Postcode: _____

Describe the work you carried out.

COMMISSION A MEDICAL GAS SYSTEM

Tick if applicable

JOB DETAILS Show your experience with examples

Start Date: M M / Y Y Y Y Finish Date: M M / Y Y Y Y
 Site Address (e.g. hospital):

 _____ State: _____ Postcode: _____

Describe the work you carried out.

10. FEES

Please ensure the correct fee accompanies this application form - refer to attached fee schedule.

Do you require a licence certificate? YES NO

If a certificate is required, you will be required to pay the additional fee - refer to attached fee schedule.

PAYMENT OPTIONS



Cheque or money order payable to Queensland Building and Construction Commission
 Credit card

Name of Card Holder

Credit card number

Expiry Date /

Total Amount \$

WARNING: INCORRECT OR MISLEADING INFORMATION MAY LEAD TO PROSECUTION FOR AN OFFENCE AND/OR REVIEW AND POSSIBLE CANCELLATION OF YOUR LICENCE

11. DECLARATION

Before you sign the declaration, use the Checklist attachment to ensure you have provided all the required information. If documentation or information is missing or incomplete, your application will take longer to process. The QBCC will ask for missing or incomplete information to allow the application to proceed. I declare:

- the statements contained in this application are true and correct;
- that I understand I am required to meet Minimum Financial Requirements by 31 December 2020.
- I have read the Privacy Notice (page 1).

Name of person providing the declaration

Applicant's signature

Date* / /

* Please ensure that this declaration is not dated more than one (1) month prior to the date the application is submitted to the QBCC.

CHECKLIST

IMPORTANT - read this before signing the Declaration (refer to Question 11), use this checklist to ensure you have provided all the required information.

If documentation or information is missing or incomplete, your application will take longer to process. QBCC will ask for missing or incomplete information to allow the application to proceed.

Please note, original documents will not be returned.

I have completed all the questions on the application form.	<input type="checkbox"/>	YES
I have provided my financial information (refer to section 4)	<input type="checkbox"/>	YES
Only for people working in Australia under a visa or ImmiCard. I have provided a copy of the visa or ImmiCard and any relevant conditions that apply (refer to section 8).	<input type="checkbox"/>	YES
Only for people with a registered business name e.g. Smith Builders. I have provided a copy of the Current Business Name Extract from the Australian Securities and Investment Commission (refer to section 8).	<input type="checkbox"/>	YES
Only for people who answered 'YES' to any of the questions in section 7. I have enclosed copies of the following: <ul style="list-style-type: none"> minutes of conviction, court or tribunal order and a National Police Certificate no older than 30 days obtained through an Australian State or Federal Police establishment* ASIC Order preventing an individual from managing a corporation. 	<input type="checkbox"/>	YES
If you are using the Alternative Qualification Pathway (refer to section 9): I have completed the Work History Referees and Job Details sections and attached the applicable documentation.	<input type="checkbox"/>	YES
If you are not using the Alternative Qualification Pathway (refer to section 9): I have attached by technical qualifications.	<input type="checkbox"/>	YES
A copy of your managerial qualifications MUST be provided. I have attached a copy of my managerial qualifications.	<input type="checkbox"/>	YES
I have provided proof of identity (refer to section 5).	<input type="checkbox"/>	YES
Only for an individual carrying out business under the licence in partnership with an unlicensed person. I have provided a copy of the partnership agreement that states the names of all parties involved and conditions of the business partnership.	<input type="checkbox"/>	YES

NOTE: If any of these documents are not provided, your application cannot be approved and processing will be delayed. Please do not send originals.

*Police checks from private providers will not accepted by the QBCC as these reports may not include all police history information.

INDIVIDUAL APPLICATION FEES
From 1 July 2020 to 30 June 2021
Queensland Building and Construction Commission Act 1991 (“the Act”)

Nominee Supervisor Type		
Total Application Fee		\$435.20
Application Fee if you hold a current nominee supervisor licence under the Act and are applying for another licence class with the same type.		\$217.60
Trade Contractor Type		
Total Application Fee Determined by the financial information supplied.	SC 1	\$671.65
	SC 2	\$799.00
	Category 1-2	\$1,024.25
	Category 3-7	\$1,472.35
Application Fee if you hold a current individual QBCC licence and are applying for another licence class with the same type and Maximum Revenue.	SC 1	\$380.85
	SC 2	\$435.20
NOTE: if you are changing your type or Maximum Revenue, there will be an adjustment to your Licence Fee QBCC will contact you with details of the adjusted fee.	Category 1-2	\$589.05
	Category 3-7	\$817.65
Certificate		\$30.55

Financial Information

The applicable fee is determined by the financial information provided with your application.

There are different types of financial information:

1. Supervisor - Financial information not required
2. SC1 - \$200,000 Estimated Maximum Revenue declaration (Maximum Revenue of up to \$200,000)
3. SC2 - \$800,000 Estimated Maximum Revenue declaration (Maximum Revenue of up to \$800,000)
4. Category 1-2 - Estimated Maximum Revenue declaration (Maximum Revenue of more than \$800,000 and up to \$12M)
5. Category 3-7 - Estimated Maximum Revenue declaration (Maximum Revenue of more than \$12M)

NOTE:

You will be required to comply with the Minimum Financial Requirements (MFR) stated in the *Queensland Building and Construction Commission (Minimum Financial Requirements) Regulation 2018* by 31 December 2020. If you hold any other QBCC contractor licence class, you must continue to comply with the Minimum Financial Requirements, including annual reporting responsibilities, for that licence class. See the [QBCC website](#).

The QBCC will provide you with more information about your obligations if your application is successful.

Renewals

Your renewal will be sent to you prior to your renewal due date (one year from the date your licence was originally issued). Your licence fee is determined by your Maximum Revenue as stated in the last financial information you provided to the Commission.

Licence Fees	One year	Three years
Supervisor	\$217.60	\$554.80
SC1	\$290.80	\$741.60
SC2	\$363.80	\$927.75
Category 1-2	\$435.20	\$1,109.75
Category 3-7	\$654.70	\$1,669.60

Applications

Your initial application fee covers one or more licence classes and types and includes the one year licence fee. The fee is the highest applicable. If your application is unsuccessful you may be refunded the licence fee portion.

GST Requirements

The Commission's licence and application fees are exempt from GST.