

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.

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

Application no (if applicable)

2. WORK HISTORY

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

Surname

First Name

Phone Number

Surname

First Name

Phone Number

Surname

First Name

Phone Number

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

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:	

2. WORK HISTORY CONTINUED

In relation to your medical gas and mechanical plumbing 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.

Tick check boxes for the applicable elements and provide details of the work carried out in the section below.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> CONSTRUCT/INSTALL | <input type="checkbox"/> REPAIR |
| <input type="checkbox"/> MAINTAIN | <input type="checkbox"/> COMMISSION |
| <input type="checkbox"/> REPLACE | <input type="checkbox"/> ALTER |
| <input type="checkbox"/> TEST | |

Start Date

M	M	/	Y	Y	Y	Y

 Finish Date

M	M	/	Y	Y	Y	Y

Site Address (e.g. hospital)

 State

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 Postcode

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Describe the work you carried out.

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3. 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;
- I have read the Privacy Notice (page 1).

Name of person providing the declaration

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

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

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.