

**PRIVACY NOTICE – PLEASE READ**

The QBCC is collecting your personal information on this form to assess the licence applicant's application and determine whether the applicant is entitled to a licence. This is authorised by the *Plumbing and Drainage Act 2018*. The QBCC may also use your email address to contact you about research and engagement activities for the purpose of improving our services (which you will be able to opt-out of receiving), as well as educational activities.

The QBCC may be required by law to disclose your personal information with other interstate or New Zealand licensing bodies for regulatory or enforcement purposes. Your personal information will only otherwise be disclosed with your consent or as required or authorised by law.

Visit the QBCC Privacy Policy ([qbcc.build/privacy-info](http://qbcc.build/privacy-info)) for more information.

**! IMPORTANT – This experience record must be completed by the occupationally licensed person who supervised the applicant's practical experience.**

Provide details of practical experience the **applicant performed under your supervision**.

**Do not complete this section** if the applicant is **applying for a provisional licence based on meeting the technical qualification requirement alone**.

**APPLICANT DETAILS**

Title Mr Mrs Miss Ms Other

Full name

**DETAILS OF SUPERVISING LICENSEE**

Title Mr Mrs Miss Ms Other

Full name

Licence number

Employer name

**PHONE AND EMAIL**

Business phone

Home phone

Mobile phone

Email

**DURATION OF SUPERVISION**

**NOTE:** The QBCC requires applicants to have **6 months' licensed experience before they can apply for a licence**. This does not include experience gained during an apprenticeship.

**Applicants may need to submit more than one experience record** if their 6 months' licensed experience has been gained under the supervision of more than one supervising licensee.

I supervised the applicant 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"/>

**! WARNING: Providing false or misleading information may lead to this licence application being refused, or may lead to compliance and enforcement action against you.**

**SUPERVISING LICENSEE DECLARATION AND SIGNATURE**

I declare that:

- the information I am providing in this experience record is true and correct
- I have read and understood the Privacy Notice and Warning included above.

Licensed  
person's  
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"/>

This form must be signed by hand. Digital signatures are not accepted.

OFFICE USE ONLY	CRN	<input style="width: 95%;" type="text"/>	Receipt amount	\$	<input style="width: 95%;" type="text"/>	Reference no.	<input style="width: 95%;" type="text"/>
	Receipt no.	<input style="width: 95%;" type="text"/>	Received by	<input style="width: 95%;" type="text"/>			

**8. EXPERIENCE RECORD – RESTRICTED – DRAINER – ON-SITE SEWAGE FACILITY – PAGE 2 OF 2**

Please complete **Part 1 for maintaining on-site sewage facilities** or **Part 2 for carrying out OSTP installation work and maintaining on-site sewage facilities**.

Fields marked with an asterisk (\*) are mandatory.

**PART 1 - DRAINER – ON-SITE SEWAGE FACILITY – MAINTAINING ON-SITE SEWAGE FACILITIES**

Please advise the six-month time period when the applicant was under your supervision and provide details of the work they performed maintaining on-site sewage facilities.

	M	M		Y	Y	Y	Y										
Commencement of supervised period	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Completion of supervised period	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*Details of work performed within these dates

**PART 2 - DRAINER – ON-SITE SEWAGE FACILITY – CARRYING OUT OSTP INSTALLATION WORK AND MAINTAINING ON-SITE SEWAGE FACILITIES**

Please advise the six-month time period when the applicant was under your supervision and provide details of the work they performed carrying out on-site sewage treatment plant installation work and maintaining on-site sewage facilities.

	M	M		Y	Y	Y	Y										
Commencement of supervised period	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Completion of supervised period	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*Details of work performed within these dates