

COMPLETING THIS FORM

1. This is an interactive PDF that you may complete in your web browser. Save this PDF form to your personal records and print a hard copy to submit by post or in person.
2. If you choose to fill out with a pen, use BLACK pen only – print clearly in BLOCK LETTERS - DO NOT use correction fluid. Cross out mistakes and initial any amendments.

SUBMITTING YOUR FORM



In person: At any QBCC Customer Service Centre



Post: GPO Box 5099, Brisbane Qld 4001



Email: info@qbcc.qld.gov.au

PRIVACY NOTICE – PLEASE READ

The QBCC is collecting personal information on this form to determine whether you are entitled to continue to hold an endorsement on your licence. This is authorised by the *Plumbing and Drainage Act 2018*. The QBCC will not be able to process the application if all or some of the information is not provided.

We 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 update your licence information in our online registers, including the Plumbing and Drainage Licensee Register on the QBCC website (qbcc.build/qcc-pd-search). The personal information provided on this form will only otherwise be disclosed by the QBCC to another party with your consent, or as authorised or required by law.

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



IMPORTANT – WHEN TO USE THIS FORM

Use this form to lodge your backflow revalidation qualifications for a current backflow endorsement.

If you are seeking to apply for this endorsement, or if your backflow prevention endorsement has lapsed, please use the **Endorsement Application Form – Occupational Plumbers and Drainers** available from the QBCC website at qbcc.build/pd-endorsements.

1. LICENSEE DETAILS

Provide your name as it appears on your licence card.

Licensee name

Licence number

PHONE AND EMAIL

Licensees are required to complete all phone number and email detail fields

Business phone

Home phone

Mobile phone

Email

ADDRESSES

Licensees are required to complete all address fields

- Your business address must be a physical address.
- PO Box or post office addresses are not acceptable for business addresses.

Business address

Suburb

State

Postcode

Home address

Suburb

State

Postcode

Postal address

Suburb

State

Postcode

OFFICE USE ONLY	CRN	<input type="text"/>	Receipt amount	\$	<input type="text"/>	Reference no.	<input type="text"/>
	Receipt no.	<input type="text"/>	Received by	<input type="text"/>			

2. DECLARATION AND SIGNATURE



WARNING: Providing false or misleading information may lead to compliance and enforcement action.

I declare that:

- the information I am providing in this form, and any attached documentation, is true and correct
- I have read and understood the Privacy Notice and Warning included above.

I understand that by signing this form below, I am declaring that I have read and agree to the statements above.

Licensee's
signature

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

Date

D	D			M	M			Y	Y	Y	Y

3. QUALIFICATIONS



You must refer to the *Technical Qualifications for Licensing: Plumbing and Drainage Occupational Licences* on the QBCC website before completing this attachment.

Tick to indicate you hold the technical qualification.

Backflow Prevention Revalidation course completed within the last five (5) years.



I have attached a copy of the technical qualification.