

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 Queensland Service Centres are listed on our website at www.qbcc.qld.gov.au.

1. APPLICANT DETAILS

Please select title Mr Mrs Miss Ms Other

Surname

First names

Postal Address

Suburb

State Postcode Date of Birth / /

Work ph Work fax

Home ph Home fax

Mobile

Email

2. LICENCE DETAILS

Licence Type

Licence Number

Expiry

I am applying for a:

Replacement Review of licence conditions (go to section 3)

I have provided a colour passport size photo of my current true likeness.
Note: A photo is only required if your current licence photograph is over 5 years old.

OFFICE ONLY	CRN:	<input type="text"/>	Licence No:	<input type="text"/>
	Receipt Amount \$	<input type="text"/>	Receipt No:	<input type="text"/>

