

**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:** poolsafety@qbcc.qld.gov.au (all required documents must be scanned and attached)

**in person:** QBCC Queensland Service Centres are listed on our website.

This form is to be used for the purposes of sections 246BI, 246BN, 246BR and 246CE of the *Building Act 1975*. The Queensland Building and Construction Commission will consider the information in this form when deciding the suitability of a person applying for a licence, renewal or restoration. This form may be lodged electronically using the pool safety register at poolsafety@qbcc.qld.gov.au

**1. APPLICANT DETAILS**

Please select title Mr  Mrs  Miss  Ms  Other

Surname

First names

Business name

ABN

Address

Suburb

State  Postcode  Date of birth  /  /

Home ph  Alt. ph

Mobile  Fax

Email

**2. APPLICATION TYPE AND FEES**

Initial licence, renewal, restoration, replacement and application fees are set by the Building Regulation 2006. **Please tick.**

- Initial licence application fee \$572.95 -  
 this consists of an application fee (\$382.35) and a licence fee (\$190.60) (complete all sections)
- Licence renewal fee \$286.60 -  
 this consists of an application fee (\$190.60) and a licence fee (\$96.00) (complete sections 3, 5, 7, 8 and 9)
- Licence restoration fee \$572.95 -  
 this consists of an application fee (\$382.35) and a licence fee (\$190.60) (complete sections 3, 5, 7, 8 and 9)
- Licence replacement fee \$63.90 -

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

### 3. PAYMENT

Cash (in person only—no responsibility accepted for cash posted)

Money order (payable to the QBCC)

Cheque (payable to the QBCC)

Credit card (provide details below)

Mastercard  Visa  Card number 

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Expiry 

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 / 

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Cardholder's name 

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### 4. SERVICE AREAS

(local government areas in which you intend to provide a service) - For an initial licence application only.  
This information is required to assist members of the community in accessing pool safety inspector services.

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### 5. PROOF OF IDENTITY

For an initial licence, renewal or restoration only. Please provide a coloured copy of the one of the following.

Passport  Other (e.g. 18+ card)

Queensland driver license  Current pool safety inspector's license

### 6. ATTACHMENTS

For an initial licence application only. Applicants for a licence renewal or restoration may ignore this section.

Certificate of competency for approved training course (not required for licensed building certifiers).

Evidence of passing pool safety inspector test (not required for licensed building certifiers).

Passport style photograph (clear coloured photograph on a light background).

### 7. DECLARATION - (your signature on page 3 confirms this declaration)

I, 

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 (full name)

of 

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 (address)

in the State of Queensland do declare that:

I have not been convicted of an offence under the *Building Act 1975* or another relevant Act, such as an Act dealing with swimming pool safety, building or occupational licensing.

TRUE	FALSE
<input type="checkbox"/>	<input type="checkbox"/>

I have not been convicted of an offence that involves fraud or dishonesty.

<input type="checkbox"/>	<input type="checkbox"/>
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I have not previously been refused a licence or had a licence suspended or cancelled, under the *Building Act 1975* or another Act.

<input type="checkbox"/>	<input type="checkbox"/>
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I have not, under another Act, been disqualified from holding a licence under that Act.

<input type="checkbox"/>	<input type="checkbox"/>
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I have not accumulated demerit points prescribed under the Building Regulation 2006 for section 246CG(2)(d) of the *Building Act 1975*.

<input type="checkbox"/>	<input type="checkbox"/>
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I have not been involved in dealings where the standard of honesty and integrity exhibited was less than would be expected of a pool safety inspector.

<input type="checkbox"/>	<input type="checkbox"/>
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If I have answered 'false' to any of the above, I provide the following explanatory information:  
(attach more information if necessary)

<input type="checkbox"/>	<input type="checkbox"/>
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**8. PROFESSIONAL INDEMNITY DECLARATION**

Name of insured [ ]  
Policy number [ ] Current to [ ]  
Insurer/underwriter [ ]

I am the insured or the principal of the insured company/business listed on the **Schedule of Insurance/Certificate of currency attached**. I have, or the company/business has, professional indemnity insurance that provides the following:

- a. A minimum limit of indemnity of \_\_\_\_\_ (must be a minimum of \$1 million) for any one period of insurance that may arise from the performance by the pool safety inspector of a pool safety inspection function.
- b. An insurance period of \_\_\_\_\_ to \_\_\_\_\_ (for example month/year to month/year).
- c. As well as the limit under a) above, cover for costs and expenses (not limited to an amount less than \$200,000) incurred with the consent of the insurer in defending or settling a claim.
- d. No exclusion or special limitation for personal injury or property damage provided that the claim arises from an actual or alleged breach of professional duty.
- e. No requirement for any particular disclaimer to be given by the pool safety inspector to the pool safety inspector's clients or customers before, during or after the performance of the pool safety inspection functions.
- f. Indemnity for breaches of professional duty as a pool safety inspector arising from an act, error or omission of the inspector after the day the inspector became a pool safety inspector.
- g. At least one automatic reinstatement of indemnity.
- h. Indemnity for negligent performance of a pool safety inspection function (other than for claims for fraudulent or illegal acts or omissions).
- i. Indemnity for former principals, partners and directors of the employer of the pool safety inspector who were but no longer are pool safety inspectors, and
- j. Provides cover for the following pool safety inspector/s listed under Schedule A below.

Signature of insured [ ] Date [ ]

\*Sole operator or principal of company/business.

**Schedule A**

To be completed only where the insured is a company/business with nominated employee inspectors (not for use by sole operators).

Identify pool safety inspectors covered by professional indemnity insurance policy

Pool safety inspector [ ]  
Pool safety inspector [ ]  
Pool safety inspector [ ]  
Pool safety inspector [ ]  
Pool safety inspector [ ]

**9. DECLARATION BY THE APPLICANT**

I declare that the information contained in, and accompanying, this form is true and correct.

Applicant's full name [ ]  
Signature [ ]  
Date [ ]

**PRIVACY NOTICE:** The information on this form is collected as required under the *Building Act 1975 (BA)* by the QBCC. This information may be stored in the QBCC's database and will be used for the purposes related to deciding an application and monitoring compliance under the BA. Your personal information will be disclosed to the financial institution which handles the Queensland Government's financial transactions and may be disclosed to other local government government agencies, local government authorities and third parties for purposes relating to administering and monitoring compliance with the BA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*.

**Right to Information:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations, and is subject to the Right to Information regime established by the *Right to Information Act 2009*. For more information regarding your privacy, contact RTI on (07) 3225 2910.