

3. DECLARATION BY EMPLOYER - PLUMBING

This section is to be completed by . Please tick the correct response.

Note: 12 months **current** work experience must be conducted in Queensland and verified by a Queensland licensed plumber. If you have had more than one employer during the 12 month period, separate trade experience forms must be submitted.

PLUMBING

I, _____ hereby certify that _____

has been employed by _____ from ____/____/____ to ____/____/____

and is competent in the following classes of work:

- | | | | | |
|-----------------------------|--------------------------|-----|--------------------------|----|
| 1. draining excavation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. timbering and/or shoring | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

WATER SUPPLY

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. install hot and cold water service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. install backflow prevention device | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. adjust a range of valves, flushing and mechanical devices for correct flow and operation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. fabricate and install fire hydrants and hose reel | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. install potable water storage systems | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. install water treatment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

SANITARY PLUMBING

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 7. install discharge pipes for sanitary plumbing installation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. fabricate and install soil and waste stacks | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. install and fit off sanitary fixtures | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

MECHANICAL SERVICES (please specify)

OTHER (please specify)

Signature Date

4. 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

Note: there are substantial penalties for making a statement, or giving a document to the Queensland Building and Construction Commission that you know is false or misleading in a material particular.

Regulated plumbing or drainage work performed in Queensland without a licence will not be considered for the purposes of assessing licence applications. Evidence of work performed without a licence, if submitted, could lead to prosecution.

PRIVACY NOTICE: The information on this form is collected as required under the *Plumbing and Drainage Act 2002* (PDA) 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 PDA. 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 PDA. 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.