



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.

1. APPLICANT DETAILS

Clearly identify who is making the application. For identification purposes only.

Form fields for applicant details including title selection (Mr, Mrs, Miss, Ms, Other), Surname, First names, Postal address, Suburb, State, Postcode, Date of Birth, Work ph, Home ph, Mobile, and Email.

2. QUALIFICATIONS

List any formal/technical qualifications held relevant to the scope of work for which this application is being made.

Table with 2 columns: Qualification, Name of Institution

Note: You must attach certified evidence of qualifications, including a list of the competencies successfully completed as part of the qualification.

OFFICE ONLY section with fields for CRN, Licence No, Receipt Amount, and Receipt No.

