



Application for building service contractor registration in the class of building surveying contractor (partnership)

Refer to the application guidelines for assistance in completing this application form

Use a pen and write neatly in BLOCK LETTERS. Tick where appropriate

Class of registration

Building surveying contractor (partnership): Level 1 Level 2

Note: Level 1 is unlimited. Level 2 is limited to buildings with a maximum floor area of 2,000 square metres and not more than three storeys.

Partnership details

Partnership name:	<input type="text"/>		
Business name	<input type="text" value="(trading as)"/>		
Australian business number (ABN)	<input type="text"/>		
Principal place of business address: (no PO or GPO boxes)	<input type="text"/>		
	<input type="text"/>	Post Code:	<input type="text"/>
Registered address: (address for service)	<input type="text"/>		
	<input type="text"/>	Post Code:	<input type="text"/>
Postal address:	<input type="text"/>		
	<input type="text"/>	Post Code:	<input type="text"/>
Telephone details:	Office:	<input type="text" value="Area Code ()"/>	
	Fax:	<input type="text" value="Area Code ()"/>	
	Mobile:	<input type="text"/>	
Email:	<input type="text"/>		

Partner individual (natural person)

Each natural person who is a partner must complete the following form.

Salutation: Mr Mrs Ms Other: (list other title) _____

Surname:

First name and other names

Have you been known by any other names? Yes / No (if yes provide full details on separate page)

Date of birth: Place / country of birth:

Residential address:
 Post Code:

Postal address:
 Post Code:

Telephone details: Home: Area Code: ()
Mobile:

Email:

Partner (company)

Each Company/Body Corporate who is a partner must complete the following form.

Applicant company /
body corporate name:

Australian business number (ABN):

Australian company number (ACN):

Trustee name
(if applicable):

Business name: (trading as)

Business name
number: Date of incorporation:

Place of incorporation:

Principal place of
business address:
(no PO or GPO boxes) Post Code:

Registered office
address:
(address for service) Post Code:

Postal address:
 Post Code:

Telephone details: Office: Area Code: ()

Fax: Area Code: ()

Email:

3 Complete and sign the following declaration:

I, _____, being a Partner or authorised Director or Company Secretary of a Company which is a Partner, warrant to the Building Services Board that:

- the applicant has the capacity to meet its debts as and when they fall due; and
- the applicant has, and will retain over the period of registration, professional indemnity insurance with a minimum level of indemnity of — (a) \$1,000,000 for any one claim; and (b) \$2,000,000 in aggregate during any one period of insurance.

Signature: _____ Date: _____

Office/position in partnership that is a company (if applicable): _____

Witness: _____ Date: _____

Name and address of witness: _____

Important notice

Section 99 of the *Building Services (Registration) Act 2011* provides for penalties of up to **\$25,000** where a person makes a false or misleading statement or provides false or misleading information or particulars as part of an application for registration or renewal of registration.

Payment slip

Application and Registration fee

\$1585.00 (\$68.00 application fee + \$1517.00 for 3 years registration)

Payment method

Cash Cheque Money order Credit/debit card

Card authorisation

Building Commission ABN: 91 329 800417

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit card	
Card number / / /	Expiry date /
Name on card	Amount payable \$
Cardholder's signature	Date
Cardholder's contact phone number	