

Application Form

Practitioner Representation Request

Please complete this form and return to the Building and Plumbing Commission by email, post or in person.

Save and complete this form on your computer. Do not handwrite.

Pursuant to section 182A(1)(b) of the *Building Act 1993*, I elect to make oral representation about the show cause notice issued by the Building and Plumbing Commission (BPC) within the show cause period which ends on date

1. What we need to know about you (the applicant)

* Information you must supply

Title:*

Mr Mrs Ms Miss Other

First name* (as it appears on your drivers licence or passport)

Family name* (as it appears on your drivers licence or passport)

Your residential address (must not be a post office box)

Street no. and name* Suburb* State* Postcode*

Your postal address (if different from residential address)

Street no. and name Suburb State Postcode

Your details

Email* Registration number*



2. Details of legal advisor/support person (if applicable)

Name

Email

Address to which correspondence should be sent

Work phone number

Mobile number

3. Interpreter

Do you require the assistance of an interpreter?

Yes

No

If yes, for which language?

4. Disability

If you have a disability and need assistance, please indicate whether:

Visual

Hearing

Mobility

Other, please specify:

Please sign and date this form and return to the BPC by one of the methods listed below.

Your Signature

Date of signature

Print name



Please fill out your application electronically, then print and sign a hard copy.

By mail:

Practitioner Discipline Unit
Building and Plumbing Commission
GPO Box 536
Melbourne VIC 3001

By email:

discipline@bpc.vic.gov.au

Or in person at the BPC:

Building and Plumbing Commission
Level 19, 242 Exhibition Street
Melbourne VIC 3000