



Form 84: Request for replacement Registration certificate

Use of this form				
This form is to be used	d by registered builders to r	request a replacement Re	gistration certificate.	
You must submit this t Level 1, 303 Sevenoak CANNINGTON WA 610 Office hours are: Mon-)7	cash, cheque, money orde	er or card at the customer	service counter.
	ough email to <u>be.licensinge</u> nd Energy Fee Schedules to			act you for payment details.
Company/Partnership Registration Certificate		Yes No	Registration number:	
Individual Registration Certificate		Yes No		
Individual registered bu	ilder details			
Family name:		First nam	ne:	
Other name(s):		Date of birth:		
Street address:				
Suburb:		State:		Postcode:
Contact details				
Phone (home):	Phone (work):	Phone (mobile):*	Email:*	
Registered building cor	npany/partnership details			
Registered entity name	3 :			
Street address:				
Suburb:		State:	Pos	tcode:
Contact details				
Phone (home):	Phone (work):	Phone (mobile):*	Email:*	1

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Reason for replacement Reason for replacement Please provide a discription of the circumstances in which the regustration certificate was lost, stolen or damaged Lost Stolen Damaged Change of name* * Please include evidence of any name change **Declaration** False and misleading information 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. By signing this application form, you are declaring that the information you have provided in support of your application is true and correct. Individual Full legal name Signature: Date: Director of company/ partner of partnership

Date:

$P\Delta$	GF	2	OF	2

Signature:

Full legal name (at least one director/partner must complete and sign declaration)