



# Change of address details\ replacement licence card construction practitioner licence

**CL4**

Individual       Partnership       Company

**Privacy information**

The lawful authority for the collection of this information is the *Construction Occupations (Licensing) Act 2004*. The information may be disclosed to other Registration Authorities.

Your details will be entered into the Licensing Register of which some parts will be made available on the ACT Planning and Land Authority's website.

**Construction Occupations (Licensing) Regulations 2004, sections 21, 22 and 23.**

**21. Change of register information**

(1) The licensee must tell the registrar in writing of any change in a detail relating to the licensee that is recorded in the register.

(2) The notice must be given within 2 weeks after—

- (a) the day of the change to which it relates happened; or
- (b) the day the licensee became aware of the change.

**22. Corporate licences**

(1) This section applies if the licensee is a corporation.

(2) The licensee must tell the registrar in writing if a person becomes or stops being a director or nominee.

(3) The notice must be given to the registrar within 2 weeks after the day the person becomes or stops being a director or nominee.

**23. Partnership licences**

(1) This section applies if the licensee is a partnership.

(2) The partnership must tell the registrar in writing if a person becomes or stops being a partner or nominee.

(3) The notice must be given to the registrar within 2 weeks after the day the person becomes or stops being a partner or nominee.

**PLEASE NOTE**

If a company changes its ACN the company will need to apply for a new licence.

If a company director becomes or stops being a director of a company, the company will need to provide a Historical Company Extract.

If a partner becomes or stops being a partner of a partnership, the partner will need to provide a new Partnership Agreement.

**1. Details to be changed**

Change of address details       Replacement licence card *(Please provide a certified copy of photo identification)*

Reason for replacement:  Lost card     Card destroyed     Card stolen     Other .....

**2. Practitioner details**

Organisation	_____	ACN	_____
Title	_____	Surname	_____
Given names	_____	Date of birth	____ / ____ / ____
Residential address	_____		
	State/Territory	Postcode	
Postal address	_____		
	State/Territory	Postcode	
Business address	_____		
	State/Territory	Postcode	
Home phone	_____	Business phone	_____
Mobile phone	_____	Facsimile	_____
Email	_____	Licence number	_____

**3. Declaration**

*I, (print name) ..... declare that all the information contained and attached to this form is complete, accurate and true to the best of my knowledge. I understand that there are severe penalties for providing false or misleading information.*

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Fees and charges for financial year 2009-2010**

**Replacement licence card fee \$37.00**

Please provide your name and address on the back of the cheque and make payable to the 'Receiver of Public Monies'.

**Present this form:**

- IN PERSON** present your cash, cheque money order or credit/debit card at the ACT Planning and Land Authority Shopfront, ground floor south, Dame Pattie Menzies House, 16 Challis Street, Dickson, ACT, (8:30 am to 4:30 pm Monday to Friday except public holidays).
- BY FAX** complete the credit card and payment details below then fax it to ACT Planning and Land Authority on fax number (02) 6207 1925.
- BY MAIL** enclose a cheque or money order or complete the credit card and payment details below then post it to: Licensing Unit, ACT Planning and Land Authority, GPO Box 1908, Canberra ACT 2601.
- ENQUIRIES** Please call (02) 6207 1923, facsimile (02) 6207 1925.

Please charge the amount of \$ ..... to the:  Mastercard  Visa of:

Name of cardholder	_____		
Card number	_____	Expiry date	____ / ____ / ____
Cardholder's signature	_____	Date	____ / ____ / ____

<b>Office use only</b>	Fees	Date received	Licence no.
	App fee.	____ / ____ / ____	_____
	Lic. fee.	Receipt no.	Receiving officer
	Other	_____	_____