



ACT

Government

Environment and
Sustainable Development

Form CL7

Construction Practitioner Licence – Update Nominees

Construction Occupations (Licensing) Act 2004

Organisation Details

Company

Partnership

Organisation Name

Licence number

ACN (if company)

Contact person

Postal Address

Suburb

State

Postcode

Business Address

Suburb

State

Postcode

Phone Number
Business Hours

Mobile

Facsimile Number

EMAIL ADDRESS

Additional Nominees details

Name	_____		
Licence number	_____	Construction occupation	_____
Occupation class	_____	Licence endorsements	_____

I am a: Director Employee Partner

I agree to the appointment as nominee for (organisation) _____

I understand my responsibilities as a nominee under the *Construction Occupations (Licensing) Act 2004* in relation to the supervision of construction services and ensuring that those construction services comply with relevant legislative requirements.

Signature _____ Date _____ / _____ / _____

Name	_____		
Licence number	_____	Construction occupation	_____
Occupation class	_____	Licence endorsements	_____

I am a: Director Employee Partner

I agree to the appointment as nominee for (organisation) _____

I understand my responsibilities as a nominee under the *Construction Occupations (Licensing) Act 2004* in relation to the supervision of construction services and ensuring that those construction services comply with relevant legislative requirements.

Signature _____ Date _____ / _____ / _____

Application Fees

Fees apply to this application and will vary depending on the relevant occupation or occupations. Please refer the ACT Planning and Land Authority "**Fees and Charges Booklet**" available on the ACTPLA website www.actpla.act.gov.au

Declaration

As a Director Partner of the organisation I declare that all the information contained and attached to this application is complete, accurate and true to the best of my knowledge and appoint the nominees as listed in this application. I understand that there are severe penalties for providing false or misleading information. I declare that I understand that corporations and partnerships may only be licensed to undertake construction services of the type for which the nominee or nominees are licensed to for including restrictions and/or endorsements

Signature

Date

____ / ____ / ____

Privacy Notice

Information you are asked to provide will be used to assess your ability to be licensed under the *Construction Occupations (Licensing) Act 2004*. 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. If your application is successful your details will be entered into the Licensing Register. Some of this information will be made available on the ACT Planning and Land Authority's website

Contact Details:

ACT Planning and Land Authority
Customer Service Centre
GPO Box 1908, Canberra City 2601
16 Challis Street, Dickson ACT 2602

Business Hours: 8.30am to 4.30pm weekdays (excluding Public Holidays)

Phone: (02) 6207 1923

Fax: (02) 6207 1925

TTY: (02) 6207 2622

Email: actpla.customer.services@act.gov.au

Website: www.actpla.act.gov.au