



# PERSONAL DETAILS AND REPLACEMENT ID FORM

**You must request a replacement Licensed Building Practitioner identification card if:**

- A. your card is lost or stolen, or
- B. your legal name changes from the name on the card and the register or
- C. your appearance has changed from the photo on the Licensed Building Practitioner identification card.

**Send the completed form by:**

**Post:**

The Registrar  
Licensed Building Practitioner Scheme  
Ministry of Business, Innovation and Employment  
PO Box 50041  
Porirua

**OR**

**Email:**

licensing@lbp.govt.nz

## LICENSED BUILDING PRACTITIONER DETAILS

Full name:

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BP number:

Date of birth:

 /  / 

day

month

year

## POSTAL ADDRESS

Postal address:

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Suburb:

Town/city:

Postcode:

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## CONTACT DETAILS

Daytime:

Evening:

Mobile:

Email address:

## REASONS FOR REPLACEMENT ID CARD

Please select from the following options and complete the payment & declaration sections.

- Your card is lost or stolen – Complete *Payment and Declaration section on page 4*
- Your name has changed – Complete *section A, Payment and Declaration section on page 4*
- You wish to update your photo on the identification card – Complete *section B, Payment & Declaration section on page 4*

# SECTION A

## NAME(S) HAVE CHANGED

**My legal name has changed (if already licensed):**

Note: If your legal name has changed you must send in certified proof of this name change which includes certified copies of one of the following documents:

- > a marriage or civil union certificate which records the new name;
- > a re-issued birth certificate which records the new name;
- > a name change certificate or official copies of a name change declaration.

My new given name(s) are:

My new surname is:

## IDENTIFICATION CARD

Please tick one of the following options:

- My current license class identification card is attached
- I have destroyed my license class identification card

# SECTION B

## UPDATED PHOTO

The new updated photo attached should meet the following criteria:

- > no more than 12 months old
- > show a face, head and shoulders shot, looking directly at the camera
- > are without a hat, sunglasses or other accessories that obscure my face
- > a true image, not altered in any way
- > high quality colour (black and white photos are not acceptable)
- > on a plain light-coloured background (not white or dark) and no background shadow
- > between 4.5 cm and 5 cm high, and 3.5 cm and 4 cm wide.

Complete the Verifying information section below if your appearance has changed significantly from the photo on your current card.

### VERIFYING INFORMATION (This section must be completed by the verifier of your photos)

Verifier's full name

Town/city

Postcode

### CONTACT DETAILS

Daytime:

Evening:

Mobile:

I declare that I (name of verifier) \_\_\_\_\_,

have known (full name of applicant) \_\_\_\_\_

for at least 12 months and am not related, or part of the family group, or living at the same address as the applicant.

I have signed the back of the applicant's ID photos.

Verifier's signature \_\_\_\_\_ Date \_\_\_\_\_

### IDENTIFICATION CARD

Please tick one of the following options:

My current license class identification card is attached  I have destroyed my license class identification card

