



**LICENSED
BUILDING
PRACTITIONERS**
Building confidence

WITHDRAW LICENSING CLASS FORM

Your application to become a Licensed Building Practitioner can be withdrawn at any time using this form prior to the Registrar making their decision by completing this form.

Send the completed form by:

Post:

Licensed Building Practitioners' Scheme
Ministry of Business, Innovation and Employment
PO Box 1473
Wellington 6140

OR

Email:

bplicensing@lbp.govt.nz

LICENSED BUILDING PRACTITIONER DETAILS

Full name:

BP number:

Date of birth:

 / /
day month year

POSTAL ADDRESS

Postal address:

Suburb:

Town/city:

Postcode:

CONTACT DETAILS

Daytime:

Evening:

Mobile:

Email address:



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI

Te Kāwanatanga o Aotearoa
New Zealand Government

