

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Your application to become a Licensed Building Practitioner can be withdrawn at any time using this form prior to the Registrar making their decision by completing this form.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 AD	DRESS				
Postal address	S:				
Suburb:	Town/city:	Postcode:			
CONTACT DETAILS					
Daytime:		Evening:			
Mobile:					
Email address:	:				



WITHDRAW D	ETAILS		
I wish to withdraw Design Site	wmy application to be licer Carpentry Roofing	nsed in the following licencing cla Brick and Blocklaying External Plastering	
DECLARAT	ION		
	nd that it is an offence un	e that the information that I have der the Building Act 2004 to inter	e supplied in this form is true and ntionally provide incorrect or
Applicant's signatu	ire		Date / / / / / / / / / / / / / / / / / / /

Privacy notice: Any personal information submitted in this application will be kept and maintained by the Registrar and the Building Practitioners Board in accordance with the New Zealand Privacy Act 2020. Personal information will also be used for the maintenance and administration of the Licensed Building Practitioners Register. You have the right to access, and to have corrected, any information about you that is held by the Registrar and the Building Practitioners Board.