



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Your application to become a Licensed Building Practitioner can be withdrawn at any time using this form prior to the Registrar making their decision by completing this form.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

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:

BP number:

Date of birth: / /
day month year

POSTAL ADDRESS

Postal address:

Suburb:

Town/city:

Postcode:

CONTACT DETAILS

Daytime: Evening:

Mobile:

Email address:



WITHDRAW DETAILS

I wish to withdraw my application to be licensed in the following licencing class(es):

- | | | | |
|---------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Design | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Brick and Blocklaying | <input type="checkbox"/> Foundations |
| <input type="checkbox"/> Site | <input type="checkbox"/> Roofing | <input type="checkbox"/> External Plastering | |

DECLARATION

Please refund me any money owing. I declare that the information that I have supplied in this form is true and correct. I understand that it is an offence under the Building Act 2004 to intentionally provide incorrect or misleading information.

Applicant's signature _____

Date

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day month year

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 1993. 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.