



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:

applications@lbp.govt.nz

LICENSED BUILDING PRACTITIONER DETAILS

Full name:

BP number:

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Date of birth:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
day		month		year

POSTAL ADDRESS

Postal address:

Suburb:

Town/city:

Postcode:



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

