

VOLUNTARY CANCELLATION OF LICENSING CLASS FORM

You may request that a licensing class or classes be cancelled at any time 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 D	ETAILS					
Daytime	Evening					
Mobile						
Email address:						



CANCELLATION DETAILS				
		Blocklayin Plastering	g 🗌 Fo	undations
IDENTIFICATION CARD				
Please tick one of the following options: My current licensing class identification card is attached I have options: DECLARATION	destroyec	l my licensi	ng identifi	cation card
I understand that if I wish to become licensed in these licensing classes at so through the application and assessment process again. I declare that the inf true and correct. I understand that it is an offence under the Building Act 20 misleading information.	formation	n that I hav	e supplied	in this form is
Signature	Date	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 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.