

Compliance Certificate
Transfer Form



Address: PO Box 536, Melbourne VIC 3001
Phone: 1300 815 127 **Fax:** (03) 9618 9049
Email: picconsultants@vba.vic.gov.au

Business Details

Business Name: _____

Business Address: _____

Telephone: _____ Contact Person: _____

Practitioner that the Certificates are being transferred from

First Name: _____ Surname: _____

Licence Number: _____ Date of birth: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____

Note: If the above practitioner no longer needs to be covered by your insurance, please inform your insurance company of this.

Practitioner that the Certificates are being transferred to

First Name: _____ Surname: _____

Licence Number: _____ Date of birth: ____ / ____ / ____

Address: _____

Home Phone: _____ Mobile: _____

Signature: _____ Date: ____ / ____ / ____

Compliance Certificates to be transferred

Certificate Numbers:

Once you have completed this form, please return it to:

Victorian Building Authority
PO Box 536, Melbourne VIC 3001