

PRACTITIONER REPRESENTATION REQUEST

**PLEASE COMPLETE THIS FORM AND RETURN TO THE
VICTORIAN BUILDING AUTHORITY BY EMAIL, POST OR IN PERSON.**

SAVE AND COMPLETE THIS FORM ON YOUR COMPUTER. DO NOT HANDWRITE.

Pursuant to section 182A(1)(b) of the *Building Act 1993*, I elect to make an oral representation about the show cause notice issued by the Victorian Building Authority (VBA) within the show cause period which ends on date .

1. WHAT WE NEED TO KNOW ABOUT YOU (THE APPLICANT) * INFORMATION THAT YOU MUST SUPPLY

Your title* Mr Mrs Ms Miss

Your first name* (As it appears on your drivers licence or passport).

Your family name* (As it appears on your drivers licence or passport).

Your residential address* (must not be a post office box)

Suburb

State or territory

Postcode

Your postal address (if different from residential address)

Email address*

Registration number*

2. DETAILS OF LEGAL ADVISER/SUPPORT PERSON (if applicable)

Name

Email address

Address to which correspondence should be sent

Work phone number

Mobile number

3. INTERPRETER

Do you require the assistance of an interpreter?

Yes

No

If yes, for which language?

4. DISABILITY

If you have a disability and need assistance, please indicate whether:

Visual

Hearing

Wheelchair user

Other, please specify below

Please sign and date this form and return to the VBA by one of the methods listed below.

Signed


Date

Print name

Lodging your application

Please fill out your Application Form electronically, then print and sign a hard copy.


Submit a hard copy of your application by mail:

 **Practitioner Discipline Unit**
Victorian Building Authority
Goods Shed North
733 Bourke Street
Docklands VIC 3008

Or sign, scan and email a copy of your application to:

 discipline@vba.vic.gov.au

Or in person at the Victorian Building Authority:

 **Goods Shed North**
733 Bourke Street
Docklands 3008

Note: Normal business hours are 8:30am to 5:00pm, Monday to Friday. **Tel: 1300 815 127**