

# PRACTITIONER REPRESENTATION EXTENSION OF TIME 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.**

The Victorian Building Authority (VBA) may consider a request for an extension of time to notify the VBA that you intend to make an oral or written representation about the show cause notice under section 182(4) of the *Building Act 1993*.

## 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\*

Work phone number

Mobile number

Date of show cause notice

 /  / 

Reference number

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

Name

Email address

Address to which correspondence should be sent

## 3. PLEASE SELECT THE TYPE OF REPRESENTATION YOU INTEND TO MAKE TO THE VBA

Oral

Written

## 4. EXTENSION DATE

Date of show cause notice

Reference number

To what date are you seeking an extension of time

Reason for application

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](mailto: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**

FOR OFFICE USE ONLY

Extension of time granted  Yes  No

Reason  Registered building practitioner notified by (please select)  Email  Post  Date

Signed

Print Name

Date