

# Third Party Authorisation Form

Authorised Person (Back Office Worker)

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



This authority allows a person authorised by a licensed practitioner to update a compliance certificate, purchase a compliance certificate, and/or make drainage and recycled water bookings on the licensed practitioner's behalf.

## Authorised Person Details (Back Office Worker)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

ABN / CAN (if applicable): \_\_\_\_\_ Contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

## Practitioner Details

Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

I hereby authorise the person mentioned above to act on my behalf in the following method(s):

- To update and edit Compliance Certificate details prior to lodgement
- To purchase Compliance Certificates on my behalf
- To make drain and recycled water bookings on my behalf

I acknowledge that –

1. I am responsible for the Authorised Person undertaking any activities under this authority; and
2. Any obligation or responsibilities required by me under the *Building Act 1993* or regulations made under that Act continue to be my responsibility which does not, and will not, transfer to my authorised person.

This authority commences on the date of signing by the licensed plumber.

\_\_\_\_\_  
Licensed Practitioner Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Witness Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Authorised Person Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note – this authority does not allow the lodgement of a compliance certificate**

