

This form authorises the Victorian Building Authority (VBA) to provide information in relation to your licence(s)/registration(s) to an authorised third party.

### Registered Practitioner Details

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

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Registration Number(s): \_\_\_\_\_

### Third Party Details

#### Person 1

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

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Practitioner: \_\_\_\_\_

Third Party (Person 1) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Third Party Details

#### Person 2

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

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Practitioner: \_\_\_\_\_

Third Party (Person 2) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration and Authorisation**

- I hereby authorise the above person(s) to make enquiries relating to my VBA licence(s)/registration(s).
- I understand the purpose of the authority is to receive and provide information related to my licence(s)/registration(s). This authority does not allow the above person(s) to change my personal/contact information and access financial and legal information.
- I acknowledge the use of this information in accordance with VBA Privacy Policy. For information on how the VBA handles your personal information, please visit the VBA website - <https://www.vba.vic.gov.au/legal/privacy>.

Registered Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Options to Submit your Third-Party Authority Form****Option 1 – Email****Building**

[buildingreg@vba.vic.gov.au](mailto:buildingreg@vba.vic.gov.au)

**Plumbing**

[plumbingreg@vba.vic.gov.au](mailto:plumbingreg@vba.vic.gov.au)

**Option 2 - Mail**

Victorian Building Authority

GPO Box 536

Melbourne VIC 3001

**General enquiries**

Phone – 1300 815 127