



Nominated Supervisor

Salutation Please circle correct title Mr Mrs Ms Other (list other title) _____

Family Name

First name

Middle name(s)

Building Services Practitioner Registration Number

Company/Partnership Name

Company/Partnership Registration Number

Office or position held in the Company / Body Corporate

Statement of Duties

Basis of employment Full time Part time

Please attach a copy of your employment contract

Hours per day to be spent on management and supervision for the applicant company _____

Are you a nominated supervisor for another registered entity? YES NO

If yes, how many hours per day are spent supervising for this entity? _____

Signature of Nominated Supervisor

Date: