

Building Work Contractors Act 1995

# Approval of Nominated Supervisor

## Building work contractors; companies and individuals

Every building work contractor, individual or company, must have a registered building work supervisor to properly supervise their work and ensure that it meets required standards.

A contractor undertaking plumbing, gas fitting or electrical work may nominate a registered Plumbing, Gas Fitting or Electrical Worker.

**If you do not have an approved supervisor in place for more than 28 days, your licence is suspended.**

**This form must be accompanied by an application fee of \$120.00**

**There are penalties for making a false or misleading statement in this application.  
A maximum penalty of \$10,000 applies.  
By lodging this application you are authorising the Commissioner for Consumer Affairs to make any inquiries necessary to determine this application.**

### Section 1 Details of Contractor

**Licence Number: BLD** ..... **Client Id** .....

Contractor name: \_\_\_\_\_

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

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

Daytime phone number \_\_\_\_\_ Email \_\_\_\_\_

### Details of nominated supervisor

**Registration Number:** **BLD / PGE** ..... **Client Id** \_\_\_\_\_  
Circle one

Full name: .....

**Note:** If the nominated supervisor does not hold a supervisors registration with our office, they are not eligible to be nominated. If an application for a supervisors registration has been submitted to our office write "application pending" in the registration number

### Particulars for approval of registered supervisor

**What building work will be supervised by the Supervisor?**

.....  
 .....  
 .....  
 .....

**If the contractor is a company, is the nominated supervisor a director of the company? YES / NO**

<b>Is the nominated supervisor an employee of the contractor?</b>	<b>YES / NO</b>
If No, please explain how the work will be supervised	
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

**Signature of Applicant**

<b>Name</b> .....	(Name of applicant contractor or Company Directory/Secretary)
<b>Signature</b> .....	<b>Date</b> .....

**Section 4 Statement by Supervisor**

I .....	(Full name of nominated supervisor)
Agree to be nominated as the <b>Supervisor</b> for the above named Contractor	
<b>Signature</b> .....	<b>Date</b> .....

**Where to lodge this Form**

<p><b>In person</b>          Customer Service Centre          91 Grenfell Street          ADELAIDE SA 5000</p>	<p><b>Post</b>          Licensing and          Registration          GPO Box 1719          ADELAIDE SA 5001</p>	<p><b>Electronically</b>          Scan and email all          documents to:           occupational@sa.gov.au</p>	<p><b>More information</b>   <a href="http://www.cbs.sa.gov.au">www.cbs.sa.gov.au</a>           Ph: 131 882</p>
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