



Registration type: Building contractor (partnership)

Registration number: _____

ACN: _____

AUTHORITY TO RELEASE

I/we, _____ Applicant's name (name of registered entity), authorise the licensing authority, the Department of Local Government, Industry Regulation and Safety (the Department), or persons acting on behalf of the licensing authority or the Department, to obtain on my behalf, any document, record, file or information that may be necessary and relevant to determine this application.

This authority includes, but is not limited to, records relating to the copies of the criminal records and credit reports of the partnership and its partners, current or previous occupational licences, or any other information the licensing authority or Department considers relevant.

Signature of applicant

Partner/Director of Partner (if applicable)
For and on behalf of the Partnership

Name of Partner/Director

Director ID number (if applicable)

Date

Signature of applicant

Partner/Director of Partner (if applicable)
or Signature of Company Secretary (being sole Director/
Secretary of the company, if applicable) For and on
behalf of the Partnership

Name of Partner/Director/Secretary

Director ID number (if applicable)

Date