



# Application for replacement Licensed Building Practitioner identification card

You must request a replacement Licensed Building Practitioner identification card if :

- your card is lost, stolen, destroyed, defaced, mutilated or becomes illegible
- your name changes from the name on the card and the register
- your appearance has changed from the photo on the Licensed Building Practitioner identification card.

In completing this form please print clearly in blue or black pen. Send the completed form to:

The Registrar  
Licensed Building Practitioner Scheme  
Department of Building and Housing  
PO Box 50041  
Porirua

<b>Licensed Building Practitioner details</b> (Name shown on current identification card)	
Given names	_____
Surname	_____
BP number	Or Date of Birth / /
<b>Postal address</b>	
Street address	Suburb _____
Town/City	Postcode _____
<b>Contact numbers</b>	
Daytime ( )	Home ( )
Mobile ( )	_____
Email address _____	
<b>Reason for replacement</b>	
I wish to apply for a replacement Licensed Building Practitioner identification card for the following reason	
<b>My current identification card has been:</b>	
<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged
<input type="checkbox"/> <b>My name as it appears on the card and on the register of licensed building practitioners has changed.</b>	
My new name is _____	
<b>Note</b> that you must send in certified proof of this change of name and complete a <i>Change of Details</i> form. This is available on the Department's website <a href="http://www.dbh.govt.nz">www.dbh.govt.nz</a> .	
<input type="checkbox"/> <b>My appearance has changed significantly from the photo on my current card.</b>	
Two copies of my certified new photos are attached. These photos:	
<ul style="list-style-type: none"> <li>• are high quality colour (black and white photos are not acceptable) on a clear light background between 4.5 and 5 cm high and 3.5 and 4 cm wide.</li> <li>• are undamaged (no ink, staples, pins, paper clips or folded)</li> <li>• show a face, head and shoulders shot looking directly at the camera</li> <li>• have no hat, sunglasses or other accessories that obscure the applicants face</li> <li>• show no signs of alteration</li> </ul>	
<input type="checkbox"/> My current licensing class identification card is attached.	<input type="checkbox"/> I have destroyed my licensing class identification card.

### Payment

I wish to pay for my replacement Licensed Building Practitioner identification card by (please tick one):

- Cheque** – please find my cheque for \$30 made out to the “Department of Building and Housing” attached  
 **Credit card** – please charge my credit card \$30 using the attached form

### Declaration

I have read and understand the information outlined above. I declare that the information that I have supplied in this form is true and correct. I understand that it is an offence under the Building Act 2004 to provide incorrect or misleading information.

\_\_\_\_\_  
**Applicant's signature**

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Privacy notice:** Any personal information submitted in this application will be kept and maintained by the Registrar and the Building Practitioners Board in accordance with the New Zealand Privacy Act 1993. Personal information will be used for determining whether applicants for initial and continued licensing may be granted, and in connection with complaints and disciplinary processes. Personal information will also be used for the maintenance and administration of the Licensed Building Practitioners Register. You have the right to access, and to have corrected, any information about you that is held by the Registrar and the Building Practitioners Board.

