

Date:

www.cocert.com.au info@cocert.com.au 02 9612 5000 Level 1, 405 Hume Highway LIVERPOOL NSW 2170 PO Box 208 CASULA MALL NSW 2170

Engagement of Services Application Form National Construction Code Building Code of Australian Consultancy

PART A – Pr	oject Information			
Street Number:		Street Name:		
Suburb:		State:	Post Code:	
DP:	Lot:	Zone:	Your Reference number:	
PART B - Ov	wners Details			
Applicant 1				
Title:	Given Name:		Surname:	
Mobile Numbe	er:	Email Addre	255:	
Street Numbe	er:	Street Nam	e:	
Suburb:		State:	Post Code:	
Applicant 2				
Title:	Given Name:		Surname:	
Mobile Numbe	er:	Email Addre	ess:	
Street Numbe	er:	Street Nam	e:	
Suburb:		State:	Post Code:	
PART C – Bi Billing Name Billing Addres		Α	BN:	
Part D - O	wners Declaration			
l/we also give o application. In t may charge for	consent for Registered Cer the instance of cancellation	tifiers of CoCert to n and work has cor accept that I/we a as stated on the T		ons relating to this cept that CoCert s should payment
Name	of all owners/tenants		Name of all applicant	S
Signatu	ures of all owners/tenants:	S	ignatures of all applicants/tenants	