

CERTIFICATE OF OTHERS (PLUMBING)

Regulation 14

Form **59**

To: Owner /Agent
 Address
 Suburb/postcode

Certifier details:

From:
Address: Phone No:
 Fax No:
Accreditation or Licence No: Email address:
(if applicable)
Or qualifications and Insurance details: *(description from Column 3 of Schedule 2 of Director of Building Control's Determination)*
Speciality area of expertise: *(description from Column 4 of Schedule 2 of Director of Building Control's Determination)*

Details of work:

Address: Lot No:
 Certificate of title No:
The work related to this certificate: *(description of the work or part work being certified)*

Certificate details:

Certificate type: *(description from Column 1 of Schedule 2 of the Director of Building Control's determination)*

In issuing this certificate the following matters are relevant –

Documents:

Relevant
calculations:

References:

Substance of Certificate (what it is that is being certified):

Scope or Limitations

I certify the matters described in this certificate.

Certifier:

Signed:

Date:

Certificate No.