

CERTIFICATE OF OTHERS (PLUMBING)

Regulation 14

To: Owner /Agent
 Address
 Suburb/postcode

Form **59**

Certifier details:

From:
Address: Phone No:
 Fax No:
Accreditation No: Email address:
(if applicable)
Or qualifications and Insurance details: *(description from Column 4 of the Director of Building Control's determination)*
Speciality area of expertise: *(description from Column 5 of the 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 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:

Scope or Limitations

I certify the matters described in this certificate.

Certifier: *Signed:* *Date:* *Certificate No.*