



FPA Australia Certified Practitioner & Business Program

BPAD-A Certified Business application form

Complete each section of this form and sign the declaration.

Send this form, documentary evidence and application fee payment to:

FPA Australia
Certified Program Application
PO Box 1049
BOX HILL VIC 3128

Business details

Business (trading) name _____

FPA corporate membership number _____

ABN _____ Years in operation _____

Name(s) of business owners/directors

Principal activities of business _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (____) _____ Fax (____) _____

Email _____

Web site _____

States/territories
of operation (tick
relevant boxes)

ACT

NT

SA

VIC

NSW

QLD

TAS

WA

Examples of relevant projects

Provide details of six projects that the business has completed in the last 18 months, including examples of developing and submitting deemed to satisfy and alternate designs and plans.

One _____

Two _____

Three _____

Four _____

Five _____

Six _____

Evidence checklist

Check that you have completed every section in this form and attach the following:

- Business registration certificate.
- Insurance policy or certificate of currency for public liability insurance—minimum of AUD \$10 million.
- Insurance policy or certificate of currency for professional indemnity insurance—minimum of AUD \$2 million.
- Payment of the \$660 (includes GST) application fee.

To pay by credit card complete the details below.

Tick credit
card type

Amex

Bankcard

MasterCard

Visa

Card number _____

Cardholder name _____ Expiry date ____ / ____

Cardholder signature _____ Amount \$ _____

Declaration

I solemnly and sincerely declare that (tick boxes):

- the statements that I have made in this application form are true and correct
- I have read the *General Conditions of the Bushfire Planning and Design Certification Program* and the *Certification Guide for BPAD-A Certified Businesses*
- I acknowledge that the business for which I am the responsible officer will abide by the certification conditions and the expectations of Certified Practitioners and Businesses specified in the above documents and will accept the decisions of FPA Australia or a representative of FPA Australia
- I acknowledge that the business for which I am the responsible officer will abide by the FPA Australia Code of Practice.

Signature of responsible officer _____ Date ____ / ____ / ____