

3. BUILDING AGENT OR REPRESENTATIVE DETAILS (IF APPLICABLE)

Agent's full name <small>(contact person's name if company)</small>																	
Postal address																	
											State				Postcode		
Contact phone											Alternative contact no						
*Email																	

(*All correspondence will be emailed to the nominated email address unless otherwise requested)

I confirm I have been authorised to request a replacement checklist

4. REPLACEMENT COMBUSTIBLE CLADDING CHECKLIST

I request that the following combustible cladding checklist be replaced:

Checklist Reference (e.g. C-00000)

- completed combustible cladding checklist Part 1
- completed combustible cladding checklist Part 2
- completed combustible cladding checklist Part 3

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5. REASONS FOR REQUESTING A REPLACEMENT CHECKLIST

The reason(s) I am requesting to replace the checklist is:

Provide details here (if there is insufficient space, provide your explanation in an attachment).

IMPORTANT: you must also include any supporting documentation to assist in determining whether your request is reasonable in the circumstances. For example:

- A new Form 34 showing the construction is not Type A or B or stating there is no combustible cladding.
- If this is a result of removing combustible cladding then any accompanying reports, statements, photographs or the like that will assist the Commissioner in considering your application.

