

Notification of exemption under supervision

under sections 19, 21 & 25 of the Plumbers, Gasfitters, and Drainlayers Act 2006

1 April 2016 - 31 March 2017 licensing year

Send completed form either by:

Post: PGDB, PO Box 10655, The Terrace, Wellington 6143

Email: licensing@pgdb.co.nz

- If you have any questions about this form please call the licensing team on **0800 743 262** between 8am and 5pm, Monday to Friday.

PART 1 – Supervisor of exempt person (applicant's details)

Supervisor's full name: _____

Registration number: _____

Trade(s) supervising: ☐ *Plumbing* ☐ *Gasfitting* ☐ *Drainlaying*

Supervisor's signature: _____ **Date:** _____

Note to the supervisor

By signing this form you agree to take responsibility for all the sanitary plumbing, gasfitting or drainlaying work, as relevant, carried out by the exempted person. Please note that you will be responsible for all testing and verification and/or certification of sanitary plumbing, gasfitting work or drainlaying work, as relevant, carried out by the exempted person, to ensure that the work complies with the necessary legal requirements.

As the supervisor you must ensure that for the first two years (i.e. 24 months) of working under an exemption in each trade, the exempted person is at all times working in your presence or in the presence of a licensed plumber/gasfitter/drainlayer who is supervised by you.

If at any point during the licensing year you want to stop supervising an exempt person, you must notify the Board of this fact in writing. Written notification can be by hard copy letter, email, or fax.

Certifying Gasfitters please note: An exempted person working under supervision for gasfitting may do, or assist in doing, gasfitting if no pipe or appliance they work on is connected to any supply of gas.

For further information please see the Board's supervision policies and guidelines (<http://www.pgdb.co.nz/legislation-policies/policies.html>).

PART 2 – Exempt person's information

Full name: _____

Date of birth: ____/____/____ Authorisation number: _____

Postal address: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

PART 3 – Exemption type and fee(s)

- All fees include GST.
- We do not accept purchase orders.

Please tick the relevant box(es) to indicate which exemption(s) you are applying for:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Plumbing **\$101.00**

Gasfitting **\$101.00**

Drainlaying **\$101.00**

Total (as calculated by you) \$ _____

Card type (credit/debit): ☐ Mastercard ☐ Visa

Full name of cardholder: _____

Card number:

Expiry date: ____/____

Cardholder's signature: _____

I authorise the Plumbers, Gasfitters and Drainlayers Board to charge the total amount to my credit or debit card.

Please make sure you have met the fee(s) and supervision requirements before submitting your application.