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| ***When to use this form****This form is ONLY for requests for QFR preliminary input and comment on a Fire Engineering Brief (FEB) where a meeting to discuss the Fire Engineering Brief has not been requested. If you require a meeting to discuss the Fire Engineering Brief, please use Form CSO 043 Request for Meeting.**A copy of the Fire Engineering Brief, specifications for proposed performance solution and drawings must be provided.****Please note that this form does not constitute a formal request for assessment and therefore no ‘referral agency assessment period’ applies.******SECTION 1: LOCATION DETAILS******SECTION 1: LOCATION DETAILS***  |
| Site Name | QFR Job No. (if known) |       |
|       |  |
| Street Address | Structure Name |
|       |       |
|       | Business Name |
|       |       |
| Suburb | Postcode | Sub Unit | Floor Level |
|       |  |       |       |
| **Lot Plan Details**Lot Number | Plan Type | Plan Number | Parish | County |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |
| **SECTION 2: BUILDING DEVELOPMENT APPLICANT DETAILS (as defined in the *Planning Act 2016, s280)*** |  |
| *Person and/or Company is required.* |  |
| Title | First Name | Mailing Address |
|       |       |       |
| Last Name |       |
|       |       |
| Company Name (if applicable) |       |
|       |       |
| ABN | Mobile | Suburb/State | Postcode |
|       |       |       |       |
| Email | Phone | Fax |
|       |       |       |

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| **SECTION 3: BILLING DETAILS** |
| *Billing Details will only be used when an invoice is applicable to the type and stage of the application being submitted.* |
| [ ]  Use Applicant Details for Billing |
| *Tick this box where the Billing Details are the same as the Applicant Details in Section 2, otherwise complete the details below.* | Mailing Address |
| Customer Order Ref. |       |
|       |       |
| Title | First Name |       |
|       |       |       |
| Last Name | Suburb/State | Postcode |
|       |       |       |
| Company Name (if applicable) | Phone | Fax |
|       |       |       |
| ABN | Mobile | Email |
|       |       |       |
| **SECTION 4: CERTIFIER DETAILS** |
| Title | First Name | Mailing Address |
|       |       |       |
| Last Name |       |
|       |       |
| Company Name (if applicable) |       |
|       |       |
| ABN | BSA Licence No. | Suburb/State | Postcode |
|       |       |       |       |
| Email | Mobile | Phone | Fax |
|       |       |       |       |
| **SECTION 5: FIRE ENGINEER DETAILS** |
| Title | First Name | Mailing Address |
|       |       |       |
| Last Name |       |
|       |       |
| Company Name (if applicable) |       |
|       |       |
| ABN | RPEQ No. | BSA FSP No. | Suburb/State | Postcode |
|       |       |       |       |       |
| Email | Mobile | Phone | Fax |
|       |       |       |       |

 Does this submission relate to combustible cladding? [ ]  Yes [ ]  No

 Is this an “affected” building that has been registered with QBCC? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| If so, please provide the QBCC Unique Building Identification Number?  |       |

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| **SECTION 6: CONFIRMATION** |

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| **Privacy** |
| For details regarding privacy and other uses and disclosures of your personal information, refer to the Government policy, available via <https://www.qld.gov.au/legal>. |
| **Payment of Fees** |
| Fees are charged in accordance with the *Fire Services Act 1990* or the *Building Fire Safety Regulation 2008*. |
| I confirm in lodging this request I am acting as the agent and on behalf of the nominated Billing Customer or any alternative nominee and that I hold the necessary agency authority to so act. |
| Note: QFR recommends that the terms of payment are provided to the Billing Customer; [Terms and Conditions for Payment of Fees](https://www.fire.qld.gov.au/compliance-and-planning/referral-agency-advice). |
| 1. The Billing Customer will pay the fees and charges prescribed for the identified services by an accepted payment method.
 |
| 1. The invoice must be paid within 30 days from the date of the invoice.
 |
| Additionally, if the Billing Customer does not pay the bill by the date the payment is due, we may: |
| 1. Charge a late fee;
 |
| 1. Engage a mercantile agent to recover the money owed. If QFR engage a mercantile agent, a recovery fee may also be charged;
 |
| 1. Institute legal proceedings to recover the money owed. If legal proceeding is instituted, QFR may seek to recover reasonable legal costs.
 |
| By signing this request, I confirm that I understand the terms and conditions of the request. |
| Signature |  Date |
|       |  |       |