LIMITED CERTIFCATE TRAINEE AUTHORISATION
APPLICATION FORM

Plumbers, Gasfitters and Drainlayers Board

Please fill in this form if you want to apply for a limited certificate trainee authorisation.

Your application will take up to 5 working days to process. If we need any more information we will contact you by email.

You must be enrolled with a training provider to complete the New Zealand Certificate at Level 4. The Board will require confirmation of your enrolment before processing this application.

You will require direct supervision from your supervisor for the first 12 months of holding this authorisation.

Please email this completed form to licensing@pgdb.co.nz.

PERSONAL DETAILS:			
Surname:		**First Name(s):**	
Date of birth (dd/mm/yyyy):		**Gender:**	Male ☐ Female ☐ Prefer not to disclose: ☐
Phone:		**PGDB number:**	

Postal address:	Street number and name:	
	Suburb:	
	City/Town:	Post code:

Email:	

Ethnicity:	New Zealand Pākehā	☐	Indian	☐
	New Zealand European	☐	Chinese	☐
	Māori	☐	South African	☐
	Pasifika	☐	Other ……	☐
	European	☐		

LICENCE TYPE:	
Select which authorisation(s) you are applying for. You can select multiple trades: **Your supervising Certifier(s) must complete:** Page 3 of this application form and have an active certifying practising licence(s) in the relevant trade(s):	
☐	Trainee authorisation for plumbing
☐	Trainee authorisation for gasfitting
☐	Trainee authorisation for drainlaying

FEES:	
- **Please do not include any credit card information with this form.** - Once we have reviewed your application, we will send you a secure payment link. You can also pay online using your trade login. - We no longer accept payments using credit or debit card information provided on the application form. This change helps us comply with our bank's requirements and protects your personal information. - Find more information about our fees at https://www.pgdb.co.nz/apply_for_registration/fees/ The total fee is $65.00 (GST inclusive) and is per trainee, per year **If you are enrolled with EarnLearn, Skills Trades Training, or Masterlink you do not need to complete this section.**	
☐ $65.00 Trainee fee	
☐ $4.50 Physical Licence card (optional)	
TOTAL TO PAY:	$_____

SUPERVISION - To be completed by your supervisor(s)

By signing this form, you agree to comply with your responsibilities as a supervisor and understand:

1. You must ensure sanitary plumbing/gasfitting/drainlaying (where relevant) undertaken by the applicant:
    a. Is performed competently;
    b. Is subject to appropriate safety measures; and
    c. Complies with the requirements of all relevant regulations, including regulations made under the Building Act 2004 (and the Gas Act 1992 for gasfitting).
2. You must ensure that the applicant
    a. Is competent to perform the tasks undertaken;
    b. Is adequately supervised while carrying out sanitary plumbing/gasfitting/drainlaying;
    c. Complies with all relevant regulations, including regulations made under the Building Act 2004 (and the Gas Act 1992); and
    d. Can produce their current licence card on demand.
3. You can have a 'Nominated Person' to provide physical supervision of the applicant. The Nominated Person must be registered and hold a current licence as a plumber/gasfitter/drainlayer (where relevant). This does not include restricted licence holders. You remain responsible at all times for all aspects of the work done by the applicant even where you have nominated another registered and licensed plumber/gasfitter/drainlayer to provide physical supervision of that work.
4. You must verify (or certify for gasfitting) work where verification or certification is required.
5. You must notify the Board if your supervision of the applicant ceases. You remain responsible for all sanitary plumbing/gasfitting/drainlaying undertaken by the applicant until we receive written notice that you are no longer supervising that person, or until their licence expires. Use your PGDB app, trade login, or email licensing@pgdb.co.nz to notify us.

CERTIFYING PLUMBER SUPERVISOR:			
Licence Number:		**Full Name:**	
Date:		**Signature:**	

CERTIFYING GASFITTER SUPERVISOR:			
Licence Number:		**Full Name:**	
Date:		**Signature:**	

CERTIFYING DRAINLAYER SUPERVISOR:			
Licence Number:		**Full Name:**	
Date:		**Signature:**	

APPLICANTS DECLARATION:

By submitting this application, I declare that the information I have provided is true and correct.

Please see our Privacy Statement to understand how we collect, use, share and store your personal information, including when we collect it from others or verify it with third parties, and how you can access and correct your personal information.

Find our Privacy Statement at https://www.pgdb.co.nz/resources/website_privacy_statement/

☐	I have read and understand the Privacy Statement		
Applicants signature:		**Date:**	