



In accordance with Section 43 of the *Building and Construction Industry (Portable Long Service Leave) Act 1991*

## EMPLOYER NAME DETAILS

Business name	ABN
Trading name	ACN

## STREET ADDRESS

Street address		
Suburb / Town	State	Postcode

## POSTAL ADDRESS

Select this box if your postal address is the same as your street address.

Mailing address		
Suburb / Town	State	Postcode

## PRIMARY CONTACT FOR YOUR BUSINESS

First name	Middle name/s	Surname
Address		Date of birth / /
Suburb / Town	State	Postcode
Phone	Mobile	
Email		

## ADDITIONAL CONTACT FOR YOUR BUSINESS (OPTIONAL)

Preferred contact for QLeave returns?  Primary  Additional

First name	Middle name/s	Surname
Address		Date of birth / /
Suburb / Town	State	Postcode
Phone	Mobile	
Email		





### EMPLOYER WORK CLASSIFICATION

Select the type of work that best describes your business from the list below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Air conditioning       | <input type="checkbox"/> Glazing                         | <input type="checkbox"/> Roof tiling                                |
| <input type="checkbox"/> Bricklaying            | <input type="checkbox"/> Labour hire                     | <input type="checkbox"/> Scaffolding                                |
| <input type="checkbox"/> Cabinet maker          | <input type="checkbox"/> Landscaping                     | <input type="checkbox"/> Security screens, awnings & shower screens |
| <input type="checkbox"/> Carpentry/joinery      | <input type="checkbox"/> Lifts                           | <input type="checkbox"/> Security systems – installation            |
| <input type="checkbox"/> Civil engineering      | <input type="checkbox"/> Metal fabrication (sheet metal) | <input type="checkbox"/> Shop fitting                               |
| <input type="checkbox"/> Concreting             | <input type="checkbox"/> Metal/general engineering       | <input type="checkbox"/> Signage                                    |
| <input type="checkbox"/> Construction           | <input type="checkbox"/> Painting                        | <input type="checkbox"/> Steel fixer (fixing)                       |
| <input type="checkbox"/> Demolition             | <input type="checkbox"/> Plant operation                 | <input type="checkbox"/> Stonemasonry                               |
| <input type="checkbox"/> Electrical contracting | <input type="checkbox"/> Plastering                      | <input type="checkbox"/> Telecommunications                         |
| <input type="checkbox"/> Fire protection        | <input type="checkbox"/> Plumbing/draining               | <input type="checkbox"/> Thermal insulation                         |
| <input type="checkbox"/> Fixed soft furnishing  | <input type="checkbox"/> Pool installation               | <input type="checkbox"/> Wall & floor tiling                        |
| <input type="checkbox"/> Floor coverings        | <input type="checkbox"/> Refrigeration                   |   |
| <input type="checkbox"/> Formworker             | <input type="checkbox"/> Roof installation               |   |

### WORKER INFORMATION

1. Provide the number of workers you engage
2. Provide the date your business first engaged eligible workers  /  /

### DECLARATION

*Penalties may apply for providing false or misleading information*

I declare that the information provided is true and correct, and I am authorised to make this declaration for and on behalf of the employer.

Signature

Name	Position	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

[Click here to REGISTER with QLeave](#)



**PORTABLE  
LONG SERVICE  
LEAVE**

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