

Corporate Membership Details

Business Name _____

FPA Australia Corporate Membership Number _____

Register of Practitioners

List below all BPAD Accredited Practitioners that are either:

- a) The owner / director of the FPA Australia Corporate member; or
- b) An employee or otherwise engaged by the FPA Australia Corporate member

Note: Record the BPAD accreditation level (1,2 or 3) for each jurisdiction the practitioner is accredited.

Name	Accreditation Number	Accreditation Expiry	Accreditation Level						
			ACT	NSW	QLD	SA	TAS	VIC	WA

Declaration

I hereby declare that the particulars contained in this application are true and correct in every particular. Furthermore I declare that (tick boxes):

- I will ensure that all practitioners employed or engaged by the business will abide by the Conditions of Accreditation specified in the Bushfire Planning and Design Accreditation Scheme Handbook and will accept the decisions of FPA Australia or a representative of FPA Australia.
- I will ensure that the business maintains public and products liability insurance for a minimum amount of \$10 million and professional indemnity insurance for a minimum amount of \$2 million.
- I will notify FPA Australia of any changes to the above information within seven days of the changes taking effect.

Signature of responsible officer _____ Date ____ / ____ / ____

Send this form to:

FPA Australia

BPAD Accreditation Scheme

PO Box 1049

BOX HILL VIC 3128

Email: bpad@fpaa.com.au