

**PRINCIPAL** ("the Principal")

Registered for GST  Yes  No ABN/ACN

Name:

Address:

Phone:  Mobile:

Fax:  Email:

**LICENSEE** ("the Licensee")

Registered for GST  Yes  No ABN/ACN

Name:

Business Name:  Licence Number:

Address:

Phone:  Mobile:

Fax:  Email:

**PROPERTY** ("the Property")

Address:

Description of Property

Condition of Exterior

Condition of Interior

Fitting, Fixtures

Smoke Alarms (residential)

Improvements and anything provided with the property

Details of Work still to be completed by the Principal on the Property

Signature of Licensee:

Date of Preparation of Report:  /  /