



Level 6, 234 Wakefield Street
PO Box 2615, Wellington
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0800 4BCITO (0800 422 486)

www.bcito.org.nz

QUALIFICATION CARD APPLICATION FORM

(Details in block letters please)

Name: _____

Address: _____

Daytime contact telephone number: _____

I have a National Certificate in

I completed my qualification in: (year) _____

My Date of Birth is: _____

Please forward this form and payment to:

BUILDING & CONSTRUCTION INDUSTRY TRAINING ORGANISATION
PO BOX 2615
WELLINGTON

Each card costs \$5.00 inclusive of GST.

CHEQUE ENCLOSED FOR: \$ _____

I verify that I am the person named above and that the details I have given are true and correct and that the correct payment is attached.

Signature _____ Date _____

BCITO INFORMATION AND CODES

REGIO N		RTM/O NAME		REGIONAL CODE	
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PLEASE NOTE THIS CONSTITUTES A TAX INVOICE WHEN PAID.
GST NUMBER 16-297-785