

**UBE LICENCE RENEWAL COURSE
 ENROLMENT FORM**

SURNAME: _____	EMPLOYER'S NAME: _____
FIRST NAME: _____	EMPLOYER'S ABN: _____
ADDRESS: _____	ADDRESS: _____
PRIVATE PHONE NO: _____	_____
OCCUPATION _____	BUSINESS PHONE NO: _____
LICENCE TYPE GEN U/GROUND QUARRY	PAYMENT METHOD _____
DETAILS UBE No. Expiry date	_____
DATE OF BIRTH _____	E-MAIL: _____
Please Tick Your Licence Endorsements ANFO Safety Fuse Electric Detcord/Relay Signal Tube	_____

The following information is required for Department of Education statistical purposes. Your details are private, and will not be passed to anyone, unless required by law.												
Year you finished High School?						Do you have Tertiary Qualifications?			Trade	Diploma	Degree	
High School level you completed?		Yr9		Yr10		Yr11		Yr12		Country of birth?		
Any permanent disabilities?		Y / N		Aboriginal or Torres Straight Islander?				Y / N		USI number		

*Purchase Order number or payment must accompany this application.

