



MASTER MASON REGISTRATION FORM TECHNICAL STRAND

www.bbfnz.co.nz



MASTER
MASON

Full Name:			
Daytime Contact Phone:		Mobile Phone <i>(if different):</i>	
Email Address:			
LBP number <i>(if applicable):</i>			
Company:		Company NZBN:	
Position:			
Postal Address <i>(not published):</i>			

ASSESSMENT *(PLEASE TICK ONE):*

- I was previously a Registered Mason with the Masonry Trades Registration Board.
- I have attached my personal summary and portfolio and an assessment report from a BBFNZ Assessor.

DECLARATION:

I am applying for Registration as a Master Mason. I agree to comply with the Ethical Framework and Code of Conduct for Master Masons and understand that if I fail to or if I carry out any action that may compromise the reputation of the Master Mason brand, including carrying out or supervising poor building work, then my registration may be cancelled or suspended.

Signed:

Date:

REGULATORY KNOWLEDGE ASSESSMENT TEST:

Please advise which NZMTA seminar you will attend to complete your Regulatory Knowledge Assessment Test:

This form may either be emailed to info@bbfnz.co.nz or posted to PO Box 50137, Porirua 5024.