

Office Use Only										

## 1. DECLARATION

I hereby certify that the shadow diagrams submitted with the proposal at

2. CERTIFIER			
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input checked="" type="radio"/> Ms <input type="radio"/> Other		
Full family name <i>(no initials) (or Company)</i>	Vigor Master Pty Ltd		
Full given names <i>(no initials) (or A.C.N)</i>	095341432		
Phone	0294113998	Alternate	
Mobile		Fax	
Qualification <i>(i.e. Architect, Planner, Computer Technician, Surveyor)</i>	Building Designer		

## 3. APPLICANT(S) SIGNATURE

Signature

Date \_\_\_\_\_

27/04/2021