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ABN 39 642 954 203

## Plumber's application for listing on Council's Qualified Thermostatic Mixing Valve Service Providers Register

Business Name:	
Business Address:	
Phone:	
Mobile:	
E-mail:	
Names of Staff holding TMV accreditation	
Name	Accreditation date
	Accreditation date

Please contact me on (02) 67703610 or by email at mclynch@armidale.nsw.gov.au if I can be of further assistance.

Please attach a copy of your statement of Attainment/s