



Request to Cancel Employer Registration

Please complete all fields below. The form can be printed and filled out or completed electronically.

Employer Details

Registration No _____ Employer Name _____

Postal Address _____ Post Code _____

ABN _____ Telephone _____

Email _____

Declaration

1. We ceased employing construction workers as defined in the *Construction Industry Long Service Leave Act 1987* on ____/____/____.
2. We do not intend employing construction workers within the next six months.
3. If we commence to employ construction workers after cancellation of our registration, we will apply to have our registration reinstated.
4. All issued Employer Returns have been submitted and applicable levies paid.

Name _____ Signature _____

Position _____ Date ____/____/____