



Building Practitioners Board

Facsimile

To **Stuart Patterson** Facsimile **03 9431 5023**

Company _____ Date _____

From **Practitioner Services** Total Pages **1**

Telephone **1300 360 320** Facsimile **9285 6490**

CC _____ Facsimile _____

Subject **Confirmation of Registration**

Level 27, Casselden Place
2 Lonsdale Street, Melbourne
Victoria, Australia 3000

PO Box 536E, Melbourne
Victoria, Australia, 3001

Telephone 1300 360 320
Facsimile +61 3 9285 6490

DX 210 299 Melbourne

www.buildingcommission.com.au

Dear

Confirmation of registration as requested.

Practitioner	Registration Number	Anniversary Date
Stuart Patterson	CB-LR 1133	10-September 2010

Kind Regards,

Practitioner Services
1300 360 320





Stuart Patterson

Building Practitioner

Expiry Date

Domestic Builder - Unlimited

DB-U 8394 19 Sep 2010

Stuart Patterson

If found please return to:
BUILDING COMMISSION VICTORIA
PO BOX 5388
MELBOURNE VIC 3001