

Certified Managers List



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|----------------------|--|
| Premises Name | |
| Licensee | |
| Licence Number | |
| Licence Expiry | |
| Address | |
| Contact Phone Number | |
| Contact Email | |
| Date Form Completed | |
| Licensee Signature | |

Please list all staff that are that hold Managers Certificates

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|----------------------------------|
| Name |
| Date of Birth |
| Residential Address |
| Contact Number |
| Contact Email |
| Certificate Number & Expiry Date |

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|----------------------------------|
| Name |
| Date of Birth |
| Residential Address |
| Contact Number |
| Contact Email |
| Certificate Number & Expiry Date |

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|----------------------------------|
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| Residential Address |
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|----------------------------------|
| Name |
| Date of Birth |
| Residential Address |
| Contact Number |
| Contact Email |
| Certificate Number & Expiry Date |

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| Premises Name |
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| Forward a copy of this completed form to the below: |
| Post: The Secretary, District Licensing, Private Bag 7, Tokoroa, Attn: DLC Secretary Email: info@southwaikato.govt.nz |