



**Registered but not contributing**

1. We ceased employing covered workers on \_\_\_\_/\_\_\_\_/\_\_\_\_
2. We do not intend to engage covered workers to perform work in a covered industry pursuant to the Act within the next six months
3. If we engage covered workers after our registration is moved to the inactive employer register, we will apply to have our registration reinstated within the first three months of operations
4. All employer quarterly returns have been submitted and all associated invoices have been paid in full.

**PART 3 – DECLARATION**

- I declare that the information provided in this form is true and correct to the best of my knowledge.
- I understand that the Portable Long Service Authority may rely on the information provided in this form for regulatory and compliance purposes.
- I understand that the Authority may refuse this request if the information provided is found to be incomplete, omitted or false.

Name

Signature

Position

Date

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**RETURN**

Please complete and return to:



Email to  
**enquiries@plsa.vic.gov.au**



Post to  
**PO Box 443,  
Bendigo Vic 3552**

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**For office use only**

- Quarterly returns up to date and submitted
- All workers have been terminated in latest quarterly return
- All invoices are up to date and paid in full