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# Form 2B – Application regarding Independent Couriers

Industrial Relations Act 2016, s 527, Chapter 10A, s 989  
Industrial Relations (Tribunals) Rules 2011, r 8

<p><b>Information</b></p> <ul style="list-style-type: none"> <li>Use this form to make a general application under the below sections of legislation only in relation to independent couriers.</li> <li>Please read this form carefully and complete all relevant sections.</li> <li>Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.</li> <li>For further information please refer to the website <a href="http://www.qirc.qld.gov.au">www.qirc.qld.gov.au</a> or contact the Industrial Registry on 1300 592 987 or via email at <a href="mailto:qirc.registry@qirc.qld.gov.au">qirc.registry@qirc.qld.gov.au</a>.</li> </ul>
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<p><b>Application</b></p> <p>This application is made in accordance with the <i>Industrial Relations Act 2016</i> pursuant to the following [please choose the relevant option]. If the type of application you wish to make is not listed below, please consult the website for the appropriate form.</p>																				
<table border="1"> <tr><td><input type="checkbox"/></td><td>Declaration order (s 406E)</td></tr> <tr><td><input type="checkbox"/></td><td>Contract determination (s 406N)</td></tr> <tr><td><input type="checkbox"/></td><td>Order varying a contract determination (s 406N)</td></tr> <tr><td><input type="checkbox"/></td><td>Order for exemption from a contract determination (s 406R)</td></tr> <tr><td><input type="checkbox"/></td><td>Review, vary or revoke an exemption from a contract determination (s 406R(4))</td></tr> <tr><td><input type="checkbox"/></td><td>Order to revoke a contract determination (s 406T)</td></tr> <tr><td><input type="checkbox"/></td><td>Review of a contract determination (s 406U)</td></tr> <tr><td><input type="checkbox"/></td><td>Scope order (s 406ZB)</td></tr> <tr><td><input type="checkbox"/></td><td>Equal remuneration order (s 406ZL)</td></tr> <tr><td><input type="checkbox"/></td><td>Amend or declare void a courier service contract (s 406ZV)</td></tr> </table>	<input type="checkbox"/>	Declaration order (s 406E)	<input type="checkbox"/>	Contract determination (s 406N)	<input type="checkbox"/>	Order varying a contract determination (s 406N)	<input type="checkbox"/>	Order for exemption from a contract determination (s 406R)	<input type="checkbox"/>	Review, vary or revoke an exemption from a contract determination (s 406R(4))	<input type="checkbox"/>	Order to revoke a contract determination (s 406T)	<input type="checkbox"/>	Review of a contract determination (s 406U)	<input type="checkbox"/>	Scope order (s 406ZB)	<input type="checkbox"/>	Equal remuneration order (s 406ZL)	<input type="checkbox"/>	Amend or declare void a courier service contract (s 406ZV)
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<b>Applicant</b>	
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<b>Respondent</b>	
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<b>1. Applicant's details</b>	
Title [please select]:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other: _____
Name of Applicant:	
Name of contact person:	
Postal/Service address:	
	Suburb/Town <span style="float: right;">Postcode</span>
Phone number:	Mobile number:
Email address:	

## 2. Applicant's representative

[if applicable- also File a Form 33 - Notice of Appointment of Agent or Form 34 - Lawyers Notice of Address for Service]

Organisation:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

## 3. Respondent

Name of Respondent:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

## 4. Grounds of application and details of decision sought

Please outline, in consecutively numbered paragraphs, the reasons you are making this application and the details of the decision you are seeking.

*Please attach a schedule if more room required*

## 5. Signature of Applicant/Representative

Signature:			
Name:			
Date:			