



# Registration

## Painting contractor (partnership)

Form 25

### Use of this form

This form is to be used by partnerships applying to be registered as painting contractors with the Building Services Board.

In Western Australia the *Building Services (Registration) Act 2011* provides for registration in two classes of painter, painting practitioner and painting contractor.

### What is a partnership?

A partnership can include one or more individuals (natural persons), corporations, unincorporated bodies, or a mixture of two or all three.

### Registration as a painting practitioner

A registered painting practitioner may:

- use a prescribed title such as *registered painting practitioner*, and
- be a nominated supervisor for a registered painting contractor.

Registration as a painting practitioner does not authorise a person to provide services as a painting contractor.

### Registration as a painting contractor

A person, partnership or company must be registered as a painting contractor to:

- contract with others to provide services as a painter with a value of \$1,000 or more and is located within the area of the Board's jurisdiction; or
- use a prescribed title such as *registered painting contractor*.

When considering an application for registration as a painting contractor the Board considers among other factors, the applicant's financial capacity and arrangements in place to manage and supervise painting services.

The obligations of painting contractors are published on the department's website: [www.dmirs.wa.gov.au/publications/obligations-registered-painting-contractors](http://www.dmirs.wa.gov.au/publications/obligations-registered-painting-contractors)

### Nominated supervisor

Every painting contractor must have at least one nominated supervisor. Refer to the nominated supervisor section of this form to inform the Board of the applicant's nominated supervisor(s).

### Registration and application fees

Two fees are payable with this application, a registration fee and a non-refundable application fee.

The registration fee is for three years.

GST is not payable on the application or registration fee.

If the Board does not grant your registration, the registration fee will be refunded.

### Registration requirements

To be considered for registration you must:

- provide a complete application including payment of application and registration fees;
- not be an ineligible person or be a body of which an ineligible person is an officer of;
- provide confirmation (for those partners of the partnership previously insolvent) of financial capacity to meet debts as and when they fall due;
- have at least one nominated supervisor for the class of painting service contractor applied for;
- have arrangements in place to ensure that painting services to be carried out will be managed and supervised in a proficient manner; and
- comply with any other requirements.

### Complete your application

Your application cannot be processed unless all sections are completed, all attachments provided and fees paid.

### Incomplete applications

The department cannot process incomplete applications. If your application is incomplete at the time of lodgement it will be returned. If your application is later found to be incomplete or is not fully informative, you will be requested to provide outstanding or additional information. If you do not provide the information by the date stated in the request your application will be returned. The application fee will not be refunded.

## Applications and payments

Please complete and sign your application. Lodge it with your supporting documents and payment.



### By post

Pay by credit card using the payment slip on the form or pay by cheque or money order made payable to –

Department of Mines, Industry  
Regulation and Safety

Licensing Services Branch  
Locked Bag 100  
EAST PERTH WA 6892



### In person

Lodge your application and pay by cash, cheque, money order or card at the customer service counter.

Level 1, 303 Sevenoaks Street  
CANNINGTON WA 6107

Office hours are:  
Mon–Fri 8:30am to 4:30pm.



### In person (drop off only service)

Department of Mines, Industry  
Regulation and Safety  
Level 2, Gordon Stephenson House  
140 William Street, PERTH



BPAY and online payment are not available for this application.



Fax and email lodgement are not available for this application.

## Return of documents

The department does not return documents. If required, make a copy before you submit your form and attachments.

## Certified copies

If you are providing a copy of a document with your application rather than the original it must be a certified copy. To have a copy certified you must show a copy of the document, together with the original document to a person who is a qualified witness.

The witness must:

- certify the copy is a true copy of the original;
- place their signature, together with their full name and address and their qualification to be a witness, immediately adjacent to the words of certification.

The following people, who must not be related to the applicant, are qualified to witness:

- Accountant
- Bank Manager
- Chemist
- Dentist
- Doctor
- Justice of the Peace
- Lawyer
- Local Government Councillor
- Minister of Religion
- Police Officer
- Post Office Manager
- Public Servant
- Real Estate Agent

and other people listed in Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005*.

## After your form is submitted

The department will confirm receipt of your application. If you do not receive an acknowledgement of your application within 15 business days, please contact the department on 1300 489 099.

When the department is satisfied that your application form is complete and payment is received, your application will be assessed and determined.

## Review of Board decisions

If you are aggrieved by a decision of the Board refusing to grant your registration or imposing a condition on your registration, you may apply to the State Administrative Tribunal for a review of the decision.

## More information

If you need more information about the status of your application or about contractor registration generally please call 1300 489 099 and ask for Licensing Services, or email [blicensing@dmirs.wa.gov.au](mailto:blicensing@dmirs.wa.gov.au).

Processing timeframes are published on the department website.



# Registration

Form  
**25**

## Painting contractor (partnership)

An incomplete or inaccurate application will not be accepted. If you need help completing this form please call the department on 1300 489 099 and ask for Licensing Services.

### CHECKLIST

Use this checklist reminder to ensure that you complete all parts of your application and attach all necessary supporting documents.

- The partnership's business and contact details answered
- About the partnership – Management and supervision arrangements answered
- About the partnership – Nominated supervisor for the partnership answered
  - Employment contract attached, as applicable
- About the people in the partnership – Ineligible person answered
- About the partner's answered, attachments answered and attached as applicable
  - Natural persons in the partnership – Attachment 1, as applicable
    - About the partner's – Natural persons details answered and documents attached, as applicable
    - Proof of identification – 100 points attached for each natural person
    - About the partner's – Natural persons history answered and documents attached, as applicable
  - Companies or unincorporated bodies in the partnership – Attachment 2, as applicable
    - About the partner's – Company(ies) or unincorporated body(ies) details answered
    - Extract from the ASIC register attached
    - About the partner's – Company(ies) or unincorporated body(ies) history answered and documents attached, as applicable
- Declaration signed and dated
- Payment made

### PAYMENT

#### CREDIT CARD PAYMENT DETAILS

Card Type    Visa     Mastercard     (Only Visa and Mastercard accepted)

Card Number   

Card Holder     Please print

Expiry Date      /      *I authorise the Department to deduct the current prescribed fee\**

Signature / Authorisation        Date   

Cardholder's contact phone number:   

\*Fees are subject to change on 1 July of each year

ABN: 69 410 335 356

Office Use only					
<b>Total Fee</b>	\$	<b>Department Code</b>	PT	<b>Chart Description</b>	<input type="checkbox"/> Paint App Fee cont Partnership Initial <input type="checkbox"/> Paint Reg Fee cont Partnership Initial



# Registration

## Form 25

Your application cannot be assessed unless all sections are completed and all attachments are provided.

### Partnership details

OFFICE USE

Partnership name				<input type="checkbox"/>
Business name				<input type="checkbox"/>
ABN (mandatory)	ABN of registered entity. Not another entity or trust.			<input type="checkbox"/>

**Principal place of business address** – required for publication on the register. It cannot be a post office box number.

Street				<input type="checkbox"/>
Suburb		State	Postcode	<input type="checkbox"/>

**Address for service** – required for the purpose of serving documents. It cannot be a post office box number.  As above

Street				<input type="checkbox"/>
Suburb		State	Postcode	<input type="checkbox"/>

**Postal address** – address for correspondence from the department.

Street or PO Box				<input type="checkbox"/>
Suburb		State	Postcode	<input type="checkbox"/>

### Partnership contact details

Phone (office)		Phone (fax)		<input type="checkbox"/>
Phone (mobile)		Email		<input type="checkbox"/>

### Contact person for enquiries for this form

Name				<input type="checkbox"/>
Phone (mobile)		Email		<input type="checkbox"/>

## ABOUT THE PARTNERSHIP – MANAGEMENT AND SUPERVISION ARRANGEMENTS

For the purposes of registration as a building services contractor, the *Building Services (Registration) Act 2011* requires contractors to have arrangements to ensure that painting services to be carried out by the applicant will be managed and supervised in a proficient manner.

### Confirm the following:

- |       |   | OFFICE<br>USE   |
|-------|---|---|
| 1     | The partnership will manage and supervise painting services in a proficient manner.   | <input type="checkbox"/> Yes <input type="checkbox"/> |
| <hr/> |   |   |
| 2     | The partnership has knowledge of its obligations and will ensure compliance with the <i>Home Building Contracts Act 1991</i> , the <i>Building Services (Complaint Resolution and Administration) Act 2011</i> , and the <i>Building Services (Registration) Act 2011</i> . | <input type="checkbox"/> Yes <input type="checkbox"/> |
| <hr/> |   |   |
| 3     | The partnership will ensure all painting work will be carried out in accordance with AS/NZS 2311:2009 or the paint manufacturers' specification.  | <input type="checkbox"/> Yes <input type="checkbox"/> |

**This has been left blank intentionally**

**ABOUT THE PARTNERSHIP – NOMINATED SUPERVISOR(S)**

Each painting contractor must have at least one nominated supervisor who is a registered painting practitioner.

If necessary, make copies and complete this page for each nominated supervisor.

**Nominated supervisor’s details**

OFFICE USE

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other please specify	<input type="checkbox"/>
Family name					<input type="checkbox"/>
First name					<input type="checkbox"/>
Other name(s)			Registration number		<input type="checkbox"/>
Conditions on registration	<input type="checkbox"/> No	<input type="checkbox"/> Yes*, specify			


\* Conditions of the nominated supervisor’s registration may be reflected in the partnership’s registration.

**Employment details**

Each nominated supervisor must be an employee or a partner of the partnership.

1 Date of commencement as nominated supervisor / /

2 The nominated supervisor is:  a partner of the partnership,   
 an employee of the contractor.

 If you answered ‘an employee’ to question 2, provide a copy of the  Attached

An employment contract includes the following details:

- Names of parties- employee and employer;
- Employment basis and hours: full time/part time and hours per week;
- Leave entitlements; and
- Arrangements for the payment of superannuation and income tax.

A person engaged in a sub-contract arrangement cannot be a nominated supervisor for a partnership.

**Confirmation by nominated supervisor**

I confirm the information stated above is true and correct.

\_\_\_\_\_  
Signature of nominated supervisor

\_\_\_\_\_  
Date

**ABOUT THE PEOPLE IN THE PARTNERSHIP – INELIGIBLE PERSON**

If the State Administrative Tribunal has cancelled or suspended the registration of a building service contractor the Tribunal may use a power in section 60 of the *Building Services (Registration) Act 2011* to declare an officer of the partnership to be an 'ineligible person'. An officer includes a partner, director, secretary, or other person in a position to control the business, for example a general manager.

OFFICE  
USE

Has the State Administrative Tribunal ever declared any officer of the partnership to be an ineligible person?  Yes  No

If you answered 'yes' name the officer(s):

Phone the department's Licensing team on 1300 489 099 for help with this question.

**ABOUT THE PARTNERSHIP – PARTNER DETAILS**

Partnerships can be made of:

- two or more people (natural persons); or
- two or more companies/unincorporated bodies; or
- a mixture of natural persons and companies/unincorporated bodies.

**The partnership's partners**

Tick which applies to your partnership. Complete only those attachments applicable to your partnership.

1 Does the partnership include natural persons as partners?  Yes  No



Attachment 1: Natural persons partners  Attached  N/A

2 Does the partnership include companies or unincorporated bodies?  Yes  No



Attachment 2: Companies or unincorporated bodies partners  Attached  N/A

**This has been left blank intentionally**

**DECLARATION BY APPLICANT**

**False and misleading information**

Section 99 of the *Building Services (Registration) Act 2011* provides for penalties of up to \$25,000 where a person makes a false or misleading statement or provides false or misleading information or particulars as part of an application for registration or renewal of registration. By signing this application form, you give consent to the Board and its staff to make enquires and to receive and disclose any information about this application.

**Information for document execution**

This document is to be executed on behalf of the partnership by a person authorised by the partnership.

**Declaration**

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USE

I \_\_\_\_\_

Full name of applicant

- 1 authorise the Building Services Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the department to make enquiries considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of the criminal records and credit checks of the applicant partners'. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application.
- 2 sincerely declare that this application is true and correct.

Executed by \_\_\_\_\_

Name of applicant

\_\_\_\_\_  
Signature of applicant partner/director of partner (if applicable)  
For and on behalf of the partnership  
(Delete if not applicable)

\_\_\_\_\_  
Signature of partner/director of partner (if applicable or  
Signature of company secretary (being sole director/secretary of  
the company, if applicable)  
For and on behalf of the partnership (Delete if not applicable)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



### ABOUT THE PARTNER'S - NATURAL PERSONS DETAILS

If the partnership includes natural persons, complete the information below.

If necessary, make copies and complete this page for each natural person on the partnership.

#### Partner's personal details

OFFICE  
USE

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other please specify	<input type="checkbox"/>
Family name					<input type="checkbox"/>
First name					<input type="checkbox"/>
Other name(s)		Date of birth			<input type="checkbox"/>
Has the partner been known by any other names?				<input type="checkbox"/> No	<input type="checkbox"/> Yes



If you answered 'yes' above, attach a separate page with full details.

Attached

#### Postal address

Street or PO Box				<input type="checkbox"/>
Suburb		State	Postcode	<input type="checkbox"/>

#### Contact details

Phone (home)		Phone (office)		<input type="checkbox"/>
Phone (mobile)		Phone (fax)		<input type="checkbox"/>
Email				<input type="checkbox"/>



Provide proof of your identity by attaching certified copies of two or more documents making a total of at least 100 points. At least one document must include photo identification.

Points allowed	Document	Points
<b>70 points</b>	<input type="checkbox"/> Birth certificate (not an extract) <input type="checkbox"/> Current passport <input type="checkbox"/> Australian citizenship certificate	
<b>40 points</b> - for first document from this category. <b>25 points</b> - for additional documents from this category.	<input type="checkbox"/> Current Australian issued licence or permit card e.g. Driver's licence <input type="checkbox"/> Current Australian government issued identification card <input type="checkbox"/> Australian tertiary student identification	
<b>35 points</b> A document from this set must show your name and current residential address.	<input type="checkbox"/> Mortgage document held by an Australian financial body <input type="checkbox"/> Australian Land Title Office record <input type="checkbox"/> Document from the Credit Reference Association of Australia	
<b>25 points</b>	<input type="checkbox"/> Australian public utility bill, rates notice or bank statement <input type="checkbox"/> Credit or debit card issued by Australian banking or credit institution <input type="checkbox"/> Medicare card <input type="checkbox"/> Marriage certificate (for maiden name only) or change of name certificate	
<b>Total points</b>		<input type="checkbox"/>

### ABOUT THE PARTNER'S – NATURAL PERSONS HISTORY

The Building Services (Registration) Regulations 2011 state that a partner must not be an insolvent, and if the partner has previously been an insolvent, then the partnership must have the capacity to meet debts as and when they fall due.

It is important that to note individual partners are jointly and severally liable for any debts incurred by the partnership.

<b>Name of partner</b>	
------------------------	--

OFFICE  
USE

1 Have you ever been a bankrupt?  Yes  No

If you answered 'yes' to question 1, answer questions 2-3.

If you answered 'no' to question 1, you do not need to answer the remaining questions in this section.

2 Identify the status of your bankruptcy:

Still bankrupt  Discharged Date discharged: / /

If you answered 'discharged' to question 2, proceed to question 3.

If you answered 'still bankrupt' to question 2, the partnership is not eligible for registration.

3 Does the partnership, made up of the partners, have the capacity to meet debts as and when they fall due?  Yes  No

If you answered 'no' to question 3, the partnership is not eligible for registration.



If you answered 'yes' to question 1, attach documents to verify these events.  Attached  N/A

## ABOUT THE PARTNER'S - COMPANIES OR UNINCORPORATED BODIES DETAILS

If the partnership includes a company, body corporate or unincorporated body, provide the required information. If necessary, make copies and complete this page for each company, body corporate or unincorporated body in the partnership.

### Partner details

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USE

Company name as registered with ASIC		<input type="checkbox"/>
Business name		<input type="checkbox"/>
ABN (mandatory)	ABN of registered entity. Not another entity or trust.	<input type="checkbox"/>
ACN		<input type="checkbox"/>

### Postal address

Street or PO Box				<input type="checkbox"/>
Suburb		State	Postcode	<input type="checkbox"/>

### Contact

Phone (office)		<input type="checkbox"/>
Phone (mobile)		<input type="checkbox"/>
Phone (fax)		<input type="checkbox"/>
Email		<input type="checkbox"/>



Attach an ASIC "Current and Historical Company Extract" issued within one month prior to this application.

Attached

The information on the extract which the department considers, includes, but is not limited to:

- Office holders details: directors' names, dates of birth, postal addresses and positions held;
- Date of company registration;
- Current organisation details; and
- Documents – this is where matters relating to administration and insolvency will appear.

**This has been left blank intentionally**

## ABOUT THE PARTNER'S - COMPANIES OR UNINCORPORATED BODIES HISTORY

The Building Services (Registration) Regulations 2011 state that a partner must not be an insolvent, and if the partner has previously been an insolvent, then the partnership must have the capacity to meet debts as and when they fall due.

It is important that to note: partners are jointly and severally liable for any debts incurred by the partnership.

OFFICE  
USE

- 1 Has the company ever been insolvent, in external administration or under a deed of company arrangement?  Yes  No

If you answered 'yes' to question 1, answer questions 2-3.

If you answered 'no' to question 1, you do not need to answer the remaining questions in this section.

- 2 Identify the status:

- |  |  |   |                          |
|--|--|---|--------------------------|
| <input type="checkbox"/> Still insolvent                         | <input type="checkbox"/> No longer insolvent                         | Insolvency ceased date:<br>/ /                  |                          |
| <input type="checkbox"/> Still under administration              | <input type="checkbox"/> No longer in administration                 | Administration ceased date:<br>/ /              |                          |
| <input type="checkbox"/> Still under deed of company arrangement | <input type="checkbox"/> No longer under deed of company arrangement | Deed of company arrangement ceased date:<br>/ / | <input type="checkbox"/> |

If the partner company is still insolvent/under administration/still under deed of company arrangement, the partnership is not eligible for registration.

- 3 Does the partnership, made up of the partners, have the capacity to meet debts as and when they fall due?  Yes  No

If you answered 'no' to question 3, the partnership is not eligible for registration.



- If you answered 'yes' to question 1, attach documents to verify these events.  Attached  N/A