



# Reissue Painting practitioner

## Form 43

### Use of this form

This form is to be used by painters who were recently registered as practitioners with the Building Services Board, but whose registrations have expired and the painters are applying to have their registrations reinstated.

### Board consent to late application

If you have requested the Board's consent to a late application for renewal and the Board has given that consent in writing, make your application on Form 55 instead of this form. Contact the department for Form 55.

### Registration as a painting practitioner

In Western Australia a painter who wishes to act as a nominated supervisor for a registered painting contractor or wishes to use a prescribed title such as *registered painting practitioner* must be registered as a painting practitioner.

Registration as a painting practitioner does not authorise a person to provide services as a 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 \$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*.

### Correct and current information

If this form is prepopulated with information from the Board's Register and any of this information is incorrect or out of date make corrections on this form.

### Period of registration

If the Board approves your application, registration is granted for a period of three years.

### Registration and application fees

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

### 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 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.

## Lodge and pay

Pay for and lodge your application including attachments:

### **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 registration.

 The department will not receive email or fax applications for this registration.

## After your application is lodged

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

When the Department is satisfied that your application is complete and payment is received it will refer your application to the Board for a decision on registration.

## Return of documents

The Department does not normally return documents lodged in registration applications. If you need a copy of the application or attached documents, please make a copy before you lodge your application.

## Certified copies

If you are providing a copy of any document with your application instead of an original it must be a certified copy. To have a copy certified you must show the copy of a document, together with the original to a person who is an authorised witness. The witness must:

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

Professionals in the following occupations, who must not be related to the applicant, are authorised to certify documents:

- 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

A complete list of authorised witnesses is available in Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005*.

## More information

If you need more information about the status of your application or about practitioner registration generally, contact Licensing Services on 1300 489 099 or email [be.licensing@buildingcommission.wa.gov.au](mailto:be.licensing@buildingcommission.wa.gov.au).



**Reissue**

**Form  
43**

## Painting practitioner

An incomplete or inaccurate application will not be accepted. If you need help completing this form please contact Licensing Services on 1300 489 099.

### CHECKLIST

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

- Form complete and details correct
- Proof of identity – 100 points
- Questions 1 to 11 answered
- Australian police check – less than three months old, attached
- Form signed and dated
- Payment made – application fee & registration fee

### PAYMENT

#### CREDIT CARD PAYMENT DETAILS

(Payment will appear as "WA Gov – DMIRS" on your bank statement)

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

Registration No:	Department Code	PT	Chart Description	<input type="checkbox"/> Paint App Fee Prac Initial <input type="checkbox"/> Paint Reg Fee Prac Ind - Initial
<b>Total Fee</b>	\$	Link Licence	Yes	

## Painting Practitioner

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

### Personal details

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify			
Family name				
First name				
Other name(s)			Date of birth	
Have you 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

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

Street			
Suburb		State	Postcode

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

Street			
Suburb		State	Postcode

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

As above

Street or PO Box			
Suburb		State	Postcode

### Contact details

Phone (home)	(    )	Phone (work)	(    )
Phone (mobile)*			
Email*			

\* **Required** to receive courtesy renewal reminder notifications by SMS and email and other important information relevant to your registration

## PROOF OF IDENTITY



Attach 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	Office use
<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>			

## FITNESS AND PROPRIETY

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1  | Have you ever been refused registration as a painter by a registration board or similar body in any Australian state or territory?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2  | Have you ever been refused a registration or occupational licence, other than as a painter, by a registration board or similar body in any Australian state or territory?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3  | Has your registration with any registration board ever been suspended or cancelled, other than for non-payment of registration?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4  | Have you ever been disciplined by any registration board?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5  | Are you currently the subject of disciplinary proceedings by any registration board, including any preliminary investigation or action that might lead to disciplinary proceedings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6  | Have you ever been the subject of an order made by the State Administrative Tribunal?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7  | Have you been a director or officer of a corporation which has been the subject of disciplinary proceedings for contravention of the <i>Building Act 2011</i> , <i>Building Services (Registration) Act 2011</i> , the <i>Building Services (Complaint Resolution and Administration) Act 2011</i> or the <i>Home Building Contracts Act 1991</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8  | Have you ever been disqualified from being a director of a company?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9  | Have you ever been a director or officer of a company that has been declared an insolvent?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Have you ever been declared bankrupt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | Are there any other matters which may be relevant to your suitability for registration about which the Board should be informed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



If you answered 'yes' to any of questions 1 to 11 above attach details and, if appropriate, a list of cases. If you prefer you may place these attachments in a sealed envelope marked with your name. A 'yes' response will be considered by the Board on the facts presented and may not affect your application for registration.

Attached   
N/A

## AUSTRALIAN POLICE CHECK

You must apply for and attach to this application an Australian police check from the approved list of providers, available here: [www.dmirs.wa.gov.au/licensingpolicechecks](http://www.dmirs.wa.gov.au/licensingpolicechecks). If you are providing a hard copy police check it must be the original or a certified copy. An electronic police check can be verified online and does not need to be certified. For more information about how to obtain a police check, go to: [www.dmirs.wa.gov.au/licensingpolicechecks](http://www.dmirs.wa.gov.au/licensingpolicechecks). The date of issue of the police check must be within three (3) months of the date you lodge this application.



Attach an Australian police check dated within three months of this application date.

Attached

## QUALIFICATIONS AND EXPERIENCE

If you were previously registered by the Building Services Board as a painting practitioner (painter) within three years of the date of this application you are not required to provide current evidence of your qualifications and experience. Please confirm that you were previously registered. If known, provide your former registration number.

Have you been registered as a painting practitioner by the Building Services Board within the last three years?  Yes  No

If 'yes', provide your former registration number (if known):

\_\_\_\_\_  
Registration number

## NOMINATED SUPERVISOR

Are you intending to be the nominated supervisor for a company or partnership registered as a painting contractor? If 'yes', name the contractor below.  Yes  No

\_\_\_\_\_  
Name of registered painting contractor (do not use trading name)

\_\_\_\_\_  
Contractor registration number

Provide a list if you are intending to be the nominated supervisor for more than one contractor.

## 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.

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 my criminal records. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date