



# Renewal of registration

## Building contractor (partnership)

Form 54

### Use of this form

This form is to be used by builders trading in a partnership structure who are currently registered as contractors with the Building Services Board and are applying for their registrations to be renewed.

### Registration as a building practitioner

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

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

### Registration as a building contractor

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

- be named as a builder on a building permit;
- provide services as a builder for work that requires a building permit, with a value of \$20,000 or more and is located within the area of the Board's jurisdiction; or
- use a prescribed title such as *registered building contractor*.

### Nominated supervisor

It is an offence under the *Building Services (Registration) Act 2011* for a building contractor to carry out or undertake to carry out building services without a nominated supervisor.

If a building contractor changes a nominated supervisor the contractor must give written notice to the Board within seven days of this change.

### Financial capacity

Building contractors must demonstrate their capacity to pay debts as and when they fall due. A contractor can do this by submitting one of the following supporting documents:

- a certificate of eligibility for Home Indemnity Insurance in the name of the contractor; or
- a letter from an independent qualified accountant to the effect that in the accountant's opinion at the time of signing you "can pay your debts as and when they fall due".

The qualified accountant must not be an employee of the contractor, or of a related entity.

A qualified accountant is defined by section 88B of the *Corporations Act 2001* and the Australian Securities and Investments Commission (ASIC) as a member of one of the following:

- Chartered Accountants Australia and New Zealand (ICA) - CA, ACA and FCA;
- CPA Australia (CPA) - CPA and FCPA;
- Institute of Public Accountants (IPA) - AIPA, MIPA and FIPA; or
- Eligible foreign professional bodies.

### Registration renewal fee

The registration renewal fee is for three years.

GST is not payable on this fee.

If the Board refuses your application the registration fee will be refunded.

### Registration expiry date

You must submit your form no later than the registration expiry date.

You are encouraged to submit your form well before the expiry date. If you do not have the supporting documents, you should still submit your application form and make payment by the expiry date.

Please provide all supporting documents within 28 days of submitting this form. Your application will be finalised after receipt of the supporting documents. If you do not provide the supporting documents in 28 days, the Board may not consider your application and your registration may expire.

### Late renewal of registration

If there is a reason you have not submitted your form by the expiry date you can apply for a late renewal. Should the Board agree your circumstances are exceptional they may accept your late renewal.

A fee is payable for late renewal of registration.

Instead of a late renewal you can re-apply for registration.

**Applications and payments**

Complete and sign your form. Submit it with your supporting documents and payment no later than the expiry date.

 **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 renewal.

**Return of documents**

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

**After your form is submitted**

If Licensing Services requires further information, you will be contacted.

**SAT review of Board decisions**

If you are aggrieved by a decision of the Board refusing to renew 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 renewal call 1300 489 099 or email [be.renewals@dmirs.wa.gov.au](mailto:be.renewals@dmirs.wa.gov.au)



## Renewal of registration

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**54**

### Building contractor (partnership)

If you need help completing this form please call the department on 1300 489 099 and ask for Licensing Services.

#### CHECKLIST

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

- Form complete – all questions answered
- Contact person provided
- Questions 1 to 5 answered
  - Management and Supervision Questionnaire completed and attached
  - Business Profile Information document completed and attached
  - Financial capacity letter or certificate less than three months old attached
- Nominated supervisor(s) details provided
- Declaration signed and dated
- Payment details provided

#### 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

<b>Registration No:</b>		<b>Department Code</b>	BD	<b>Chart Description</b>	<input type="checkbox"/> Build Reg Fee Cont Pship Renewal
<b>Total Fee</b>	\$	<b>Link Licence</b>	Yes	<b>Late Fee</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Renewal of registration

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54**Building contractor (partnership)**

Completed forms and payment must be submitted before your registration expires.  
If necessary, supporting documents can be submitted separately.

**Partnership details** CONDITIONOFFICE  
USE

Registration		Expiry date		<input type="checkbox"/>
Partnership name				<input type="checkbox"/>
ABN		Business name		<input type="checkbox"/>

ABN of registered entity. Not another entity or trust.

**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.

As above

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

**Partnership contact details** – Email for partnership required for courtesy renewal reminders and other notifications. Mobile required for important notifications via SMS.

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

**Contact person for enquiries for this form**

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

**Partners' details** – for each partner please provide name and date of birth.

First Name	Family name	Date of Birth	OFFICE USE
			<input type="checkbox"/>
			<input type="checkbox"/>



Attach a list if there are more than two partners.

Attached

### MANAGEMENT AND SUPERVISION

- 1 Please download and complete the 'Management and Supervision Questionnaire' and attach to this application  Attached
- Please download and complete the 'Business Profile Information' document and attach to this application  Attached

### INELIGIBLE PERSON

The State Administrative Tribunal will have informed you if you have been declared an "ineligible person".

- 2 Is any partner of the partnership currently declared an ineligible person by the State Administrative Tribunal?  Yes  No

### FINANCIAL CAPACITY

Building contractors must demonstrate their capacity to pay debts as and when they fall due.

- 3 Has any partner of the partnership been a bankrupt in the last three years?  Yes  No

If you answered 'yes' above, identify your status:

Still bankrupt  Discharged Date discharged: / /

- 4 Has the partnership appointed an external administrator in the last three years?  Yes  No

If you answered 'yes' to above, identify the administrator's status:

Still appointed  Retired Date retired: / /

- 5 Do the partners have the capacity to meet their debts as and when they fall due?  Yes  No



Attach a current copy, less than three months old and in the name used for registration, of one of the documents listed below:

- a certificate of eligibility for Home Indemnity Insurance (HII).  Attached  N/A   
All Western Australian HII policies are issued by QBE Insurance (Australia) Limited or Builders Underwriting Agency (RBUA);  
or
- a letter from an independent qualified accountant to the effect that in the accountant's opinion at the time of signing the contractor "can pay its debts as and when they fall due".  Attached  N/A

**NOMINATED SUPERVISOR**

Each building contractor is required to have at least one nominated supervisor who is a registered practitioner. For each nominated supervisor provide details below.

First name	Family name	Registration	Current nominated supervisor?	OFFICE USE
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>



Attach a list if the partnership has more than three nominated supervisors.

Attached

**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.

**Information for document execution**

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

**Declaration**

I/we hereby 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 reports 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.

Executed for and on behalf of:

In accordance with Section 127 of the *Corporations Act 2001*

Applicant's full name (name of partnership)

\_\_\_\_\_  
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 of partner/director (print)

\_\_\_\_\_  
Name partner/director/secretary (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date