



# Renewal of registration

## Painting contractor (individual)

Form 56

### Use of this form

This form is to be used by painters who are currently registered as practitioners and who are also registered as contractors with the Building Services Board and are applying for their registrations to be renewed.

If you decide that you no longer require painting contractor registration, do not lodge this form.

### 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. This form is not for renewal of a painting practitioner registration.

### 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.

### Financial capacity

Painting contractors must inform the Board if they have been an insolvent in the last three years.

### 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.

### State Administrative Tribunal review of Board decisions

The decision to refuse an application for registration is a reviewable decision. If you disagree with the Building Services Board's decision in relation to this registration application, you may apply to the SAT for a review of the decision.

### More information

If you need more information about the status of your renewal contact the Licensing Renewals team on 1300 489 099 or email

[be.renewals@dmirs.wa.gov.au](mailto:be.renewals@dmirs.wa.gov.au)



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**56**

# Painting contractor (individual)

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
- Questions 1 to 5 answered
- Practitioner registration number stated
- Declaration signed and dated
- Payment made

### 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

Licence No:	Department Code	PT	Chart Description	<input type="checkbox"/> Paint Reg Fee Cont Ind Renewal
Total Fee	\$	Yes	Late Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Link Licence			



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## Painting contractor (individual)

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

OFFICE USE

### Personal details

CONDITION

Registration		Expiry date	
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		Date of birth helps to identify registered contractors	

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

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

**MANAGEMENT AND SUPERVISION**

As an individual contractor your arrangements could be that you will personally manage and supervise the painting work you or your employees undertake.

OFFICE USE

- 1 Can you confirm you have arrangements in place?  Confirmed  Not confirmed

**INELIGIBLE PERSON**

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

- 2 Are you currently declared an ineligible person by the State Administrative Tribunal?  Yes  No

**FINANCIAL CAPACITY**

- 3 Have you been a bankrupt in the last three years?  Yes  No

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

Still bankrupt  Discharged Date discharged: / /

- 4 Do you have the capacity to pay your debts as and when they fall due?  Yes  No

**YOUR PRACTITIONER REGISTRATION**

As an individual painting contractor you must also be registered as a painting practitioner.

- 5 State your practitioner registration number.

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

**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.

**Declaration**

- 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