Written Notice of Equivalent Occupation

Pursuant to Section 19 - Mutual Recognition Act 1992 (Commonwealth) or
Section 18 - Trans-Tasman Mutual Recognition 1997 (Commonwealth) ("the Acts")

Building, Painting or Surveying

Please complete this notice electronically and print before completing the Statutory Declaration. Electronic or digital signatures will not be accepted.

Title_____Full legal name _____

Date of birth_____/_____/_____ Place of birth _____

Current address _____

Suburb _____ State _____ Postcode _____

Postal address (if different) _____

Suburb _____ State _____ Postcode _____

Address for the REGISTER* _____

Suburb _____ State _____ Postcode _____

Where permitted by relevant legislation, this address will be displayed on the Department's online licence search

Email address_____

Mobile telephone_____ Home/Work telephone _____

Are you a business and do you intend to trade in your own right in Western Australia? YES ☐ NO ☐
If yes please provide:
REGISTERED BUSINESS NAME/S (if applicable) _____
REGISTERED BUSINESS ADDRESS/ES IN THE STATE _____
Suburb_____State_____WA___Postcode _____

*If you will be **operating from more than one address** please provide additional addresses separately.*

DETAILS OF CURRENT EQUIVALENT LICENCE OR REGISTRATION

I give notice under the provisions of the Acts (adopted by the *Mutual Recognition (Western Australia) Act 2020* and/or the *Trans-Tasman Mutual Recognition (Western Australia) Act 2007*) that:

- I am licensed/registered ("**licensed**") in **SELECT HOME JURISDICTION** *(first State/Territory of Australia, New Zealand* "**home jurisdiction**"*)*; and
- I am seeking to be licensed in Western Australia as a **SELECT LICENCE BEING APPLIED FOR** **("relevant occupation")**.

To be able to carry on the relevant occupation, the following conditions (if any) have been placed on my licence:

Any other registration/licence ("**licence**") in another Australian State/Territory or New Zealand that I hold in the relevant occupation (or equivalent) in addition to the licence stated above is listed below:

AU State/Territory/ New Zealand	Condition/s

1. I am not the subject of disciplinary proceedings in any State/Territory or New Zealand (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to being the holder of a licence for the relevant occupation.

2. My licence in any State/Territory or New Zealand is not cancelled or currently suspended as a result of disciplinary action.

3. I am not otherwise personally prohibited from carrying on the relevant occupation in any State/Territory or New Zealand, and I am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings.

4. I consent to the making of enquiries, the exchange of information, and obtaining information, with or from the authorities of any State/Territory or New Zealand and any other relevant organisations, regarding my activities as the holder of a licence for the relevant occupation or otherwise regarding matters relevant to this notice.

5. **I have provided an accompanying document** that is either the original or a copy of the instrument evidencing my existing registration (or, if there is no such instrument, sufficient information identifying myself and my registration), for the purposes of this notice.

6. I certify that the accompanying document provided (instrument evidencing my existing registration) is the original or a complete and accurate copy of the original.

STATUTORY DECLARATION

I (print full name) _____

of (address) _____

Occupation _____

sincerely declare that the statements and information in this notice are correct to the best of my knowledge and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005.*

at_____(place)

on_____/_____/ 20____(date)

in the presence of -

_____

(Name of authorised witness)

_____

(Qualification* as a witness)

_____

(Signature of authorised witness)

By_____

(Signature of person making declaration)

*For information about preparing statutory declarations and witness qualifications refer to section 12 of the *Oaths, Affidavits and Statutory Declarations Act 2005*

PAYMENT DETAILS

Card Type	Visa ◯	Mastercard ◯	(Only Visa and Mastercard accepted)																
Card Number					X					X					X				
Card Holder																**Please print**			
Expiry Date			/			*I authorise the Department to deduct the current prescribed fee payable in respect of this notice.*													
Signature											**Date**	D	D	M	M	Y	Y		

Refer to www.dmirs.wa.gov.au/mutualrecognition for any other specific requirements and for the relevant fee associated with the licence you are applying for.

Please note fees are reviewed annually, exempt from GST and are subject to change without notice. Cheques should be made payable to the Department of Mines, Industry Regulation and Safety.

You are not entitled to commence working in Western Australia until this form is completed and lodged, along with the relevant fee and the copy of the licence document from your home jurisdiction.

You may lodge your completed application:

By post addressed to:	**In person** at:
Department of Mines, Industry Regulation and Safety Locked Bag 100 East Perth WA 6892	Licensing Services Level 1, Mason Bird Building 303 Sevenoaks Street, CANNINGTON

OFFICE USE ONLY			
Licence No		Department Code	Chart Description:
Total Fee	$		