



# 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 2010* and/or the *Trans-Tasman Mutual Recognition (Western Australia) Act 2007*) that:

- I am licensed/registered ("licensed") in \_\_\_\_\_ (first \_\_\_\_\_ State/Territory of Australia, New Zealand "home jurisdiction"); and
- I am seeking to be licensed in Western Australia as a \_\_\_\_\_ ("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, and the exchange of information with, the authorities of any State/Territory or New Zealand 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)

\*If this form is being signed within WA, please visit the Department of Justice’s website at [www.justice.wa.gov.au](http://www.justice.wa.gov.au) for the list of professions that are authorised to witness Statutory Declarations. Alternatively, you can refer to Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* at [www.legislation.wa.gov.au](http://www.legislation.wa.gov.au).  
If this form is being signed outside of WA, please refer to the list of professions that are authorised witnesses under the *Statutory Declarations Act 1959* (Cth) at [www.ag.gov.au](http://www.ag.gov.au).

