# Request to submit a late application for renewal Form 68

#### Use of this form

This form is for building service providers whose registrations have expired and are seeking to submit a late application for renewal.

A late application for renewal can only be accepted within six (6) months after the expiry date of a registration if the Building Services Board (the Board) is satisfied the delay was caused by reasons beyond your control or other special circumstances warrant acceptance of the application.

You are required to complete this form to explain why the delay was caused by reasons beyond your control or outline other special circumstances warrant acceptance of the application.

In addition to this form, you are required to submit a completed renewal application form and provide payment of the late fee and application fee.

#### Request for late application is accepted

If the Board is satisfied with your reasons or considers there are other special circumstances that warrant acceptance of a late application, it will accept a renewal application made within six (6) months after the expiry date of a registration.

#### Request for late application is not accepted

If the Board is not satisfied with your reasons or determines there are no special circumstances that warrant acceptance of a late renewal application, you will not be able to renew your registration.

If you were previously registered as a building service practitioner you can:

- apply for the reissue of your registration if it has been less than three (3) years since your registration expired; or
- apply for a new registration if it has been more than three years since your registration expired.

If you were previously registered as a building service contractor you will be required to apply for a new registration.

# How to submit and pay

Pay for and submit your application:

# In person

Submit your form and pay by cash, cheque, money order or credit card at the customer service counter.

Level 1, 303 Sevenoaks Street CANNINGTON WA 6107

Office hours are: Mon-Fri 8:30am to 4:30pm.

### 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

The department will **not** accept email or fax applications for this form.

#### More information

If you need more information regarding your request to submit a late application for renewal, or about registration generally, contact the Department on 1300 489 099 or email <a href="mailto:be.licensing@dmirs.wa.gov.au">be.licensing@dmirs.wa.gov.au</a>.

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Form 68

The department does not accept emailed or faxed applications.

PAYMENT									
CREDIT CARD PAYMENT DETAILS (Payment will appear as "WA Gov – DMIRS" on your bank statement)									
Card	d Type Visa d Number	Mastercard		(Only Visa	and Masterca	rd accepted)  Please print			
	iry Date ature / Authorisat	ion	I authorise th	e Department to d	leduct the curr	rent prescribed fee*			
Cardholder's contact phone number:									
*Fees are subject to change on 1 July of each year  ABN: 69 410 335 356  Visit our building fee schedule page for current application and registration fees.									
Office Use only									
Total Fee	\$	Department Code	□ BD	Chart Description	Builder Renev	wal – Late Fee			
		Department Code	□ РТ	Chart Description	Paint Late Fe	е			
		Department Code	□ ВС	Chart Description	BSurv App Fe	ee Late Fee			

# **REQUEST TO SUBMIT A LATE APPLICATION FOR RENEWAL**

Refer to the Board's policy *Acceptance of late applications (renewals)*, <a href="https://www.commerce.wa.gov.au/publications/bsb-policy-late-applications-building-service-providers-renewal-registration-policy">https://www.commerce.wa.gov.au/publications/bsb-policy-late-applications-building-service-providers-renewal-registration-policy</a> for further information regarding the reasons for lodging a late renewal or other special circumstances that are accepted by the Board.

Name:*								
*Name of registered individual, partnership or co	ompany							
Registration Number:			Expiry Date:					
Signature/s:**			Date:					
Name/s of Company Directors if required:								
Name/s:								
**if a company; two directors, or one director and one secretary; or one director where that person is both sole director and sole secretary.								
Complete the following:  Delay beyond your control – the reason for the late renewal was due to:								
(Tick the box/s below that indicates the reason for lodging the late renewal)								
☐ Suffering an incapacitating in	Suffering an incapacitating injury or physical or mental illness							
Death of a member of your in	Death of a member of your immediate family							
☐ A member of your immediate	A member of your immediate family is suffering serious injury or physical or mental illness							
	You have suffered an act of violence or the threat of an act of violence sufficient to disrupt or distract you your positive intention to lodge an application on time							
☐ You have been detained beyon	You have been detained beyond your control at a time for lodgement of the application							
	An act of God such as a flood, storm, earthquake, tsunami, damaging fire at a time relevant to the lodgement of the application not later than the expiry date							
	The failure of the delivery provider contracted to deliver the application not later than the expiry date (include any supporting documentation)							
You were away from your pomodern communications	You were away from your postal location unexpectedly until the expiry date and out of reach by modern communications							
	You were unintentionally affected by changes to the Department of Mines, Industry Regulation and Safety's administrative processes							
OR								
<b>Special circumstances</b> – the late renewal warrants acceptance by the Board for other special circumstances:								
Provide details:								
OFFICE USE								
Decision under delegation:	☐ Accepted	Refused						
Date received	Exp Date		Renewal received Yes No					
Delegated officer position and name:								
Signature		Date						

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