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")

Electrical, Plumbing or Gas

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

TitleFull 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 w	ill be displayed on the Departmo	ent's online licence search
Email address		
Mobile telephone	lome/Work telephone	
Are you a business and do you intend to trade in your own If yes please provide: REGISTERED BUSINESS NAME/S (if applicable) REGISTERED BUSINESS ADDRESS/ES IN THESTATE Suburb If you will be operating from more than one address please	StateWA	Postcode
DETAILS OF CURRENT EQUIVALENT LICENCE OR REGISTRA I give notice under the provisions of the Acts (adopted by the Trans-Tasman Mutual Recognition (Western Australia) Act 20	ATION • Mutual Recognition (Western Au	
 I am licensed/registered ("licensed") in New Zealand "home jurisdiction"); and 	(first Sta	te/Territory of Australia,
 I am seeking to be licensed in Western Australia as a occupation"). 		("relevant
To be able to carry on the relevant occupation, the following	conditions (if any) have been place	ced 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

(Signature of authorised witness)

(print full name)	
of (address)	
Occupation	
sincerely declare that the statements and information	n in this notice are correct to the best of my knowledge and belief.
This declaration is true and I know that it is an offen	ce 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(plac	ce)
on/ 20(date)	
n the presence of -	
Name of authorised witness)	By (Signature of person making declaration)
Qualification* as a witness)	
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^{*}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	а	Mastercard (Only Visa and Mastercard accepted)													
Card Number											/	X				
Card Holder													ı	Pleas	e prin	t
Expiry Date		\			uthorise spect of		Departme otice.	nt to de	duct t	he cur	rent pr	escrik	ed fe	е рау	able i	in
Signature										Date	D	D	Μ	N	~	Υ

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	Licensing Services				
Locked Bag 100	Level 1, Mason Bird Building				
East Perth WA 6892	303 Sevenoaks Street, CANNINGTON				

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