



# 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")

## Motor Vehicle Industries

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 \_\_\_\_\_ (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, 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](#)

