## **Automatic Mutual Recognition (AMR)**

(Part 3A of the Mutual Recognition Act 1992 (Cth)1)

## Notice of Intent to Operate in Western Australia

Contact Details		
* Family Name:	* Given Names:	
* Date of Birth:	* Email:	
* Mobile:	Phone (other):	
* Principal Place of Residence:		
* Principal Place of Work:		
Employer/Business Name:		
Employer Address (if relevant):		
Business Premises in WA (if relevant):		
* Which State or Territory are you claiming	s your home State for the purpose of AMR?	
(Your home State can be the State or Territory of your prin you may choose one or the other)	ipal place of residence or your principal place of business. If these	are different
you may choose one or the other)		
Licence/Registration (occupation) D	tails	
I am giving notice of my intent to undertake accordance with the automatic mutual reco	activities covered by the following occupation(s) nition principle:	in
Demolition	Fireworks Contractor	
High Risk Work Licence Assessor	* Selection of at least one checkbox is mandatory	
* I hold the following licence(s)/registration	s) to work in the occupation(s) selected above.	
Licence/Registration and Number	State Issuing Agency	

<sup>&</sup>lt;sup>1</sup> as adopted in Western Australia by the *Mutual Recognition (Western Australia) Act 2020* 

The following conditions apply to the licences/registrations listed above. If all conditions on any licence/registration listed above are not disclosed, this notice is **incomplete** and you **cannot** commence activities in Western Australia.

Licence/Registration Number	Conditions on the licence/registration

## **DECLARATION \***

understand that I can only undertake activities in Western Australia for which I am icensed under my nominated home State licence/registration.	
am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the occupation(s) nominated above.	
No licence/registration that I hold or have held to carry on the activity, or occupation that covers the activity, in any State or Territory has been cancelled or suspended as a result of disciplinary action.	
am not personally prohibited from carrying on the activity, or an occupation that covers the activity, and I am not subject to any conditions on carrying out the activity, as a result of criminal, civil or disciplinary proceedings.	

By lodging this notice you:

- declare that the information and documents provided in and with the notice are true and correct, and that your licence/registration may be cancelled or suspended if you provide false or misleading information; and
- acknowledge that information relating to my licence/ registration may be disclosed by the local licence/registration authority in Western Australia and local licence/registration authorities in other States and Territories in accordance with the *Mutual Recognition Act 1992* (Cth) and the *Mutual Recognition (Western Australia) Act 2020.*

If you do not complete all mandatory sections relevant to the occupation you intend to undertake in Western Australia your notice is **incomplete** and you **cannot** commence activities in this State. Mandatory sections marked \*.

You can lodge this notice, along with the required supporting documents, by:

- email to mutualrecognition@dmirs.wa.gov.au; or
- post to Locked Bag 100, East Perth WA 6892