



Application for Registration of Equivalent Occupation

Notice pursuant to Section 19 - Mutual Recognition Act 1992 (Commonwealth) or
 Section 18 - Trans-Tasman Mutual Recognition 1997 (Commonwealth)

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Mutual recognition applies in Western Australia under the provisions of the *Mutual Recognition (Western Australia) Act 2010* and the *Trans-Tasman Mutual Recognition (Western Australia) Act 2007*. This legislation promotes freedom of movement for people in licensed occupations by allowing them to seek registration in Western Australia on the grounds that they hold a current registration in an equivalent category in any other State/Territory or in New Zealand. **Only individuals (sole traders) may apply for an equivalent registration under mutual recognition.**

SUPPORTING DOCUMENTS

The relevant fee and a copy of the registration certificate issued by your home jurisdiction/s must be lodged with this Application before you can be deemed to be registered in this State. Once you are deemed to be registered, you are permitted to commence working in Western Australia, but your activities are limited to those allowed under your interstate/New Zealand licence until a formal decision has been made regarding the application.

You must comply with the requirements of the relevant Western Australian legislation associated with your occupation at all times while operating in this State. Sections 27(3) and 26(3) of the *Mutual Recognition Act 1992 (Cth)* and the *Trans-Tasman Mutual Recognition 1997 (Cth)* respectively state that you may not carry on the occupation in Western Australia without complying with any requirements regarding trust accounts, fidelity bonds and any other requirement designed to protect the public, clients, customers and others.

For further information about the conduct requirements specific to your industry, or if you will be operating in Western Australia as a partnership or company, please visit the relevant occupation page at www.commerce.wa.gov.au/CP/licences.

FURTHER INFORMATION

Further information regarding Mutual Recognition and the lodgement process is available by contacting the Department of Commerce (Consumer Protection) – Licensing Branch:

Telephone: **1300 30 40 64** (within Australia) or +61 8 9282 0459 (from Overseas)

Fax: (08) 9282 0861

Email: licensingenquiries@commerce.wa.gov.au.

Street address: The Forrest Centre 219 St Georges Terrace PERTH WA 6000

Postal address: Locked Bag 14 Cloisters Square Perth WA 6850

FEES PAYABLE

Refer to www.commerce.wa.gov.au/CP/licensingfees for the relevant fee for your chosen occupation. You are not deemed to be registered until the fee is paid in full. **Please note fees are reviewed annually and are subject to change.** Cheques should be made payable to the Commissioner for Consumer Protection

CREDIT CARD PAYMENT DETAILS

Card type Visa Mastercard (Only Visa and Mastercard accepted)

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Application for Registration of Equivalent Occupation

Western Australia

Please complete Items 1 to 4 electronically and print before completing Item 5 (Declaration)

1. DETAILS OF THE APPLICANT (sole trader applicants only)

Title _____ Surname _____ Given names _____

Date of Birth _____ Place of Birth _____

2. CONTACT DETAILS

Current Residential Address _____

Suburb _____ State _____ Postcode _____

Postal Address – if different _____

Suburb _____ State _____ Postcode _____

Address for the REGISTER _____

Suburb _____ State _____ Postcode _____

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 _____ WA _____ Postcode _____

If you will be operating from more than one address please provide additional addresses separately.

3. APPLICATION

I give notice for the purpose of seeking to be licensed/registered (“**licensed**”) in accordance with the principles of Mutual Recognition as a **PLEASE SELECT RELEVANT LICENCE (“relevant occupation”)** under the provisions of the *Mutual Recognition (Western Australia) Act 2010* and/or the *Trans-Tasman Mutual Recognition (Western Australia) Act 2007*.

4. DETAILS OF CURRENT EQUIVALENT LICENCE OR REGISTRATION

I am licensed in **PLEASE SELECT HOME JURISDICTION** (*first State/Territory of Australia, New Zealand*) to carry on the relevant occupation (*please specify*):

LICENCE NUMBER: _____ DATE ISSUED: ____/____/____

Please Select hold a registration/licence (“**licence**”) in another Australian State/Territory or New Zealand in the relevant occupation or equivalent in addition to the licence stated above (*please provide details of ALL licences held*):

AU State/Territory/ New Zealand	Licence No.	Condition/s

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.

My licence in any State/Territory or New Zealand is not cancelled or currently suspended as a result of disciplinary action.

I am not otherwise personally prohibited from carrying on the relevant occupation, as a result of criminal, civil or disciplinary proceedings in any State/Territory or New Zealand.

My licence **Please Select** subject to any special conditions in carrying on the relevant occupation, as a result of criminal, civil or disciplinary proceedings in any State/Territory or New Zealand.

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. DECLARATION

I (print full name) _____
of (address) _____
Occupation _____

Sincerely declare that the statements and information in this notice and all attachments are correct to the best of my knowledge and belief; and that I have attached (if relevant) the original or a complete and accurate copy of the licence document from each jurisdiction specified at item 4.

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 & Statutory Declarations Act 2005*.

at _____ (place)

on ____ / ____ / 20____ (date)

in the presence of -

(Signature of authorised witness)

(Name of authorised witness **and qualification*** as a witness)

} By _____
(Signature of person making declaration)

Witness telephone: _____

* Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer, Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered Secretary, Chemist, Chiropractor, Company Auditor or Liquidator, Court Officer (Judge, Magistrate, Registrar or Clerk), Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor, Engineer, Industrial Organisation Secretary, Insurance Broker, Justice of the Peace, Lawyer, Local Government CEO or Deputy CEO, Local Government Councillor, Loss Adjuster, Marriage Celebrant, Member of Parliament (State or Commonwealth), Minister of Religion, Nurse, Optometrist, Patent Attorney, Physiotherapist, Podiatrist, Police Officer, Post Officer Manager, Psychologist, Public Notary, Public Servant (State or Commonwealth), Real Estate Agent, Settlement Agent, Sheriff or Deputy Sheriff, Surveyor, Teacher, Tribunal Officer, Veterinary Surgeon **OR** any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.