



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.

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](#)

