



Form R111: Instrument Process Control Technician's Licence

USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the **FREE Adobe Acrobat Reader application**. [Click here to download Acrobat Reader.](#)
Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Checklist

Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary supporting documents.

- A non-refundable application fee
- Registration or Permit fee for **one year** OR **five years**
- Personal and contact details completed
- Fit and Proper assessment – Police check attached
- Identification in accordance with the Proof of ID requirements
- Please provide proof of competency in accordance with the 'Evidence of competency' section on page 3 of the application form
- Declaration completed

Payment

Visit our [Building and Energy Fee Schedule](#) page for current application and registration fees.

Submit and pay for your application:

Online

If you are submitting this form online, you will be able to make payment using the department's payment gateway.

<https://onlineforms.dmirs.wa.gov.au/#/form/638436b6895bd8009045fa83>

By post (or in person) using your credit card

If you are submitting this form by post (or in person) and are making payment by credit card, you must complete the Application Payment Form:

<https://www.wa.gov.au/media/73896/download?inline> and attach it to your application.

Enquiries Only

Telephone: (08) 6251 2000

Email (Do Not Email Form)

electricallicensing@demirs.wa.gov.au

Internet: www.demirs.wa.gov.au/building-and-energy

Form R111: Instrument Process Control Technician's Licence

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure to submit a complete application may result in the cancellation of your application and loss of the application fee.

Applicant Details

Salutation: Mr Mrs Ms Other, please specify:

Family name: First name:

Other name(s): Date of birth:

Principal place of business address

Note: *Required for publication on the Register. Cannot be a PO Box.

Street address:

Suburb: State: Postcode:

Postal address

Note: A postal address is required for correspondence from the Department.

As above Street address or PO Box:

Suburb: State: Postcode:

Contact details

Phone (home): Phone (work): Phone (mobile):* Email:*

*Required to receive courtesy renewal reminder notifications by SMS and email and other important information relevant to your registration.

Fit and proper assessment

Australian police check: You must provide an Australian police check from the approved list of providers, available here: : <https://www.wa.gov.au/organisation/service-delivery/police-checks-licensing>. The date of issue of the police check must be within three (3) months of the date you submit this application.

Proof of Identification

■ Please attach identification in accordance with the Proof of ID requirements, available here: <https://www.wa.gov.au/media/50915/download?inline>.

Attached

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Evidence of competency

Please attach a copy of the training undertaken, as outlined below:

■ Certificate III in Instrumentation and Control issued by VETASSESS and; Attached

■ Statement of Results issued by VETASSESS. Attached

or

■ A Statement of Attainment issued by VETASSESS in the trade of 'Electrical Fitter (Instrument)'. Attached

or

■ An Australian Recognised Trade Certificate in the trade of Electrical Fitter (Instrument) Attached

Declaration by applicant

Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:

- falsify any matter relating to an application;
- provide any document or other evidence in support of the application that is forged, false, fraudulent or wrongfully represented as pertaining to the applicant;
- make a false statement in this declaration; or
- give a false testimonial to any person in connection with this application.

By signing this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to receive and disclose any information for the purpose of determining this application.

Declaration

I (FULL NAME OF APPLICANT)

1. authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of my criminal records. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application; and
2. sincerely declare that this application is true and correct.

Signature:

Date: