



Government of **Western Australia**
Department of **Mines, Industry Regulation and Safety**
Building and Energy

Application for a Permit for University Equipment

Form R112

Application checklist	<p>Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary supporting documents.</p> <p><input type="checkbox"/> A non-refundable application fee.</p> <p><input type="checkbox"/> Permit Fee for one year OR <input type="checkbox"/> Permit Fee for three years.</p> <p><input type="checkbox"/> Personal and contact details completed.</p> <p><input type="checkbox"/> Proof of identification (minimum of 100 points) in accordance with the attached Fact Sheet.</p> <p><input type="checkbox"/> Please attach proof of competency in accordance with the 'Evidence of competency' section on page 2 of the application.</p> <p><input type="checkbox"/> Employer declaration completed.</p> <p><input type="checkbox"/> Declaration completed.</p>			
Credit card details remain confidential	<p>Payment Details (Payment will appear as "WA Gov – DMIRS" on your bank statement)</p> <p><input type="checkbox"/> Cheque enclosed (made payable to Department of Mines, Industry Regulation and Safety)</p> <p><input type="checkbox"/> Credit Card payment <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Card Number _____ / _____ / _____ / _____ Expiry Date <input type="text"/> / <input type="text"/></p> <p>Cardholder's Name: _____ (please print)</p> <p><i>I authorise the Department to deduct the current prescribed fee, including any applicable late fee. Fees are subject to change on 1 July each year</i></p> <p>Cardholder's Signature: _____ Date: _____</p> <p>Cardholder's contact phone number: _____</p>			
OFFICE USE ONLY				
Licence No:	Department Code	EP	Chart Description	<input type="checkbox"/> Application Fee
Total Due	Link Licence to payment	Yes		<input type="checkbox"/> Permit Fee - 1 year or <input type="checkbox"/> Permit Fee – 3 years

You may lodge your completed application:

By post addressed to:

Licensing Services
Department of Mines,
Industry Regulation and
Safety
Locked Bag 100,
EAST PERTH WA 6892

In person at:

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street
CANNINGTON
Hours: 8:30am to 4:30pm
Monday to Friday

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

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.

	Please print neatly in BLOCK LETTERS with a black or blue pen only
Applicant Details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ Surname: _____ Given Names: _____ Date of Birth: _____
Residential* address	<i>*Required for publication on the Register. Cannot be a PO Box.</i> Street: _____ Suburb: _____ State: _____ Postcode: _____
Postal address*	<input type="checkbox"/> As above <i>*Address for correspondence from the Department.</i> Street: _____ Suburb: _____ State: _____ Postcode: _____
Contact details	Home Phone: _____ Work Phone: _____ Mobile Phone*: _____ Email*: _____ <i>*Required to receive courtesy renewal reminder notifications via SMS and email and other important notifications relevant to your permit</i>
Proof of identification	<input type="checkbox"/> Please provide proof of identification (minimum of 100 points) in accordance with the attached Fact Sheet. https://www.wa.gov.au/media/50915/download?inline
Fit and Proper Assessment	<input type="checkbox"/> Australian police check: You person 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 lodge this application.
Evidence of competency	Please attach: <input type="checkbox"/> A copy of your assembling, testing and verifying the safety of the electrical equipment and appliances course results issued by the University. <input type="checkbox"/> A copy of your Electrical Cord and Plug course results issued by your Registered Training Organisation (<i>first time applicants only</i>). <input type="checkbox"/> A copy of your Portable Appliance Testing course results issued by your Registered Training Organisation (<i>first time applicants only</i>).

<p>Employer MUST confirm that the applicant is deemed competent in University laboratories</p>	<p>Employer Declaration</p> <p>I, _____ support this application for a University Technician's Electrical Worker's Permit and consider _____ to be competent to:</p> <p>“Assemble, test and verify the safety of low voltage electrical equipment used in University laboratories and research facilities”.</p> <p>University Name: _____</p> <p>Senior Management Name: _____</p> <p>Signature: _____ Date: _____</p>
<p>Declaration</p> <p>Sign and date before submitting application</p>	<p>Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:</p> <ul style="list-style-type: none"> • falsify any matter pertaining to an application; • provide any document or other evidence relating to qualifications or experience that is forged, false or fraudulent; • provide any document in support of an application that is wrongfully represented as pertaining to the applicant; or • give a false testimonial in connection with this application. <p>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.</p> <p>Declaration</p> <p>I _____</p> <p>Full name of applicant</p> <ol style="list-style-type: none"> 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. <p>_____ Signature</p> <p>_____ Date</p>