



# Automatic Mutual Recognition (AMR)

(Part 3A of the *Mutual Recognition Act 1992* (Cth)<sup>1</sup>)

## 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 as your home State for the purpose of AMR?

(Your home State can be the State or Territory of your principal place of residence or your principal place of business. If these are different you may choose one or the other)

### Licence/Registration (occupation) Details

I am giving notice of my intent to undertake activities in Western Australia covered by the following occupation(s) in accordance with the automatic mutual recognition principle:

- |   |  |
|---|--|
| <input type="checkbox"/> Building Contractor        | <input type="checkbox"/> Building Surveying Contractor   |
| <input type="checkbox"/> Building Practitioner      | <input type="checkbox"/> Building Surveying Practitioner |
| <input type="checkbox"/> Adjudicator                | <input type="checkbox"/> Review Adjudicator              |
| <input type="checkbox"/> Plumbing Contractor        | <input type="checkbox"/> Painting Contractor             |
| <input type="checkbox"/> Plumbing Tradesperson      | <input type="checkbox"/> Painting Practitioner           |
| <input type="checkbox"/> Restricted Plumbing Permit | <input type="checkbox"/> Gas Fitter                      |

\* Selection of at least one checkbox is mandatory

Electricians, restricted electricians and electrical contractors are not currently part of AMR. For further information about operating in the electrical industry in WA please refer to [www.dmirs.wa.gov.au/mutualrecognition](http://www.dmirs.wa.gov.au/mutualrecognition).

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

\* I hold the following licence(s)/registration(s) to work in the occupation(s) selected above.

| <i>Licence/Registration and Number</i> | <i>State</i> | <i>Issuing Agency</i> |
|--|--------------|-----------------------|
|  |              |                       |
|  |              |                       |
|  |              |                       |
|  |              |                       |

The following conditions apply to the licence(s)/registration(s) 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.

| <i>Licence/Registration Number</i> | <i>Conditions on the licence/registration</i> |
|------------------------------------|---|
|                                    |   |
|                                    |   |
|                                    |   |
|                                    |   |

## Public Protection Requirements

**(MANDATORY for listed licences/registrations only)**

You **cannot** commence activities in Western Australia, that are covered by a licence/registration listed below, until you have provided evidence of the public protection requirements associated with the selected occupation(s).

|                               | <i>Public Protection Requirements</i> |                              |
|-------------------------------|---------------------------------------|------------------------------|
|                               | <i>Financial Capacity</i>             | <i>Insurance</i>             |
| Building Contractor           | Yes                                   |                              |
| Building Surveying Contractor | Yes                                   | Yes (professional indemnity) |
| Painting Contractor           | Yes                                   |                              |

## Insurance

**(MANDATORY for Building Surveying Contractors)**

Building Surveying Contractors must hold Professional Indemnity Insurance appropriate to manage the risk of the work undertaken, considering the nature, risk, size, and volume of the work.

Do you have sufficient professional indemnity insurance to manage the risk associated with the activities covered by your notified occupation?

Yes

No

## Financial Capacity

(MANDATORY for Building Contractors, Building Surveying Contractors, Painting Contractors)

You **cannot** commence activities in Western Australia unless the WA local registration authority is satisfied that you have sufficient material and financial resources to comply with the requirements of WA legislation.

Answer the following questions:

|   |     |    |
|---|-----|----|
| Are you insolvent?  | Yes | No |
| Have you ever been insolvent?   | Yes | No |
| Do you believe that you have sufficient financial resources to enable you to carry on the activities associated with the selected occupation? | Yes | No |

By lodging this form you agree to the WA local registration authority **obtaining a credit history report on your behalf** to assist in the assessment of your financial capacity.

If you have selected Building Contractor, you must complete the following **Confidential Statement** of Assets and Liabilities:

|                    |    |
|--------------------|----|
| <i>Assets</i>      | \$ |
| <i>Liabilities</i> | \$ |
| <i>Net Worth</i>   | \$ |

## DECLARATION \*

I understand that I can only undertake activities in Western Australia for which I am licensed under my nominated home State licence/registration.

I 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.

I 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](mailto:mutualrecognition@dmirs.wa.gov.au); or
- post to **Locked Bag 100, East Perth WA 6892**