

Plumbers and Drainers Licensing Board



APPLICATION FOR RENEWAL OF PLUMBERS & DRAINERS LICENCE/REGISTRATION <i>PLUMBERS AND DRAINERS LICENSING ACT</i>			
LICENCE DETAILS:			
Licence / Registration number			
Expiry Date			
APPLICANT DETAILS:			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname			
Given Names			
Date of Birth			
CONTACT DETAILS:			
Residential Address			
<input type="checkbox"/> Postal address same as residential address			
Postal Address			
Email			
Telephone		Mobile	
WORK EXPERIENCE:			
<input type="checkbox"/> Declaration of my work experience is attached.			
<input type="checkbox"/> I am self-employed. Declaration of my work history is attached.			
DECLARATION:			
I solemnly and sincerely declare that:			
<ol style="list-style-type: none"> 1. all statements and information contained in this application are true and correct to the best of my knowledge; 2. I have read and understood the information contained in this application; 3. I undertake that in the event of a licence being issued to me, I will comply with the conditions of the licence and observe the provisions of the <i>Plumbers and Drainers Licensing Act</i> and all other laws from time to time in force governing the design, construction and maintenance of building work in the Northern Territory; and 4. I know that it is an offence to make a declaration which is false in any material particular. 			
Signature of Applicant		Date	
FOR OFFICE USE			
Receipt No.		Date	
Amount	\$	Received by	

Statutory Declaration
For evidencing on-the-job experience in support of an application for Renewal of a Licence or Registration

Oaths, Affidavits and Declarations Act

(1) Name and address of person making the declaration.
 (2) Insert here the name of the worker to whom this declaration relates.
 (3) Insert here the name of the business by whom the Plumber was Employed by.

(4) Insert here written work summary for plumber.

(5) Signature of the person making the declaration.

(6) Signature of the person witnessing declaration.

(7) This declaration may be made before any person who has attained the age of 18 years.

(8) Name and contact address or telephone number of person before whom the declaration is made, legibly written, typed or stamped.

I, (Employer/Supervisor) (1)

Holder of Licence No.: LPD..... of (Company/Business):

Solemnly and sincerely declare:

(2)

holder of Licence/Registration No: has been employed by

.....

for a period of months from/...../..... to/...../.....

And during that period has carried out the following work: (4)

.....

.....

.....

.....

.....

.....

Which I believe has maintained his skills and competency to carry out safe and compliant Plumbing and draining work.

And I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* and conscientiously believing the statements contained in this declaration to be true in every particular. I acknowledge that a person willfully making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty or imprisonment, or both.

DECLARED at (Place).....

On the day of in the year of

DECLARED by (Signature) (5)

Before me (6) (7)

(8)

NOTE: This written statutory declaration must comply with Part 4 of the Oaths Affidavits and Declarations Act. Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

The experience declared will be assessed and an audit may be performed if there is any doubt to its validity.

SUPPORTING DOCUMENTS	
The following documents must be lodged with this application. Please note that incomplete applications will not be processed.	
Copy of Licence/Registration card	<input type="checkbox"/>
Copy of current photographic identification (driver's licence or passport)	<input type="checkbox"/>
Evidence of at least 12 months work experience gained during the currency of the licence / registration (statutory declaration or company letter signed by supervising Advanced Tradesman); OR If self-employed, declaration of work history.	<input type="checkbox"/>
Evidence of access to the current version of AS/NZS:3500	<input type="checkbox"/>
Passport sized photograph	<input type="checkbox"/>
Application fee	<input type="checkbox"/>
PAYMENT DETAILS	
<input type="checkbox"/> Cash – for lodgment over the counter only	
<input type="checkbox"/> Cheque – payable to RTM (Receiver of Territory Money)	
<input type="checkbox"/> Credit/Debit card	
Type of Card	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit card number	
Expiry date	
Cardholder's Name	
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of	\$
Cardholders Signature	
Contact Phone number	Date
LODGEMENT DETAILS	
Applications can be lodged at a Territory Business Centre with the prescribed fee at:	
Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway, Berrimah GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territorybusinesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territorybusinesscentre@nt.gov.au
Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territorybusinesscentre@nt.gov.au	Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territorybusinesscentre@nt.gov.au