

Plumbers and Drainers Licensing Board



Mutual Recognition

For Holders of Valid Interstate Licences to Apply for NT Plumbers Licence/Registration

MUTUAL RECOGNITION (NORTHERN TERRITORY) ACT

Application for NT Plumbers Licence/Registration under Mutual Recognition			
1. Licence Details			
Please select the licence/Registration you are applying for:			
Advanced Tradesman	<input type="checkbox"/>	Journeyman	<input type="checkbox"/>
Please select the categories of licence/registration you are applying for:			
Plumber	<input type="checkbox"/>	Drainer	<input type="checkbox"/>
Please select endorsements if applicable:			
Backflow Prevention	<input type="checkbox"/>	Thermostatic Mixing Valves	<input type="checkbox"/>
2. Applicant details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Full Name			
Date of Birth			
Current Postal address			
<input type="checkbox"/> As above or Current Residential address			
Telephone (Work)		Mobile	
Telephone (Home)		Email	
3. Current Interstate Licence / Registration details			
<input type="checkbox"/> ACT	No:	Expiry:	
<input type="checkbox"/> QLD	No:	Expiry:	
<input type="checkbox"/> NSW	No:	Expiry:	
<input type="checkbox"/> VIC	No:	Expiry:	
<input type="checkbox"/> SA	No:	Expiry:	
<input type="checkbox"/> WA	No:	Expiry:	
<input type="checkbox"/> TAS	No:	Expiry:	
<input type="checkbox"/> NZ	No:	Expiry:	

FOR OFFICE USE ONLY			
Receipt Number:		Date:	Amount: \$
Received by:			

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Have you previously held an NT Plumbers Licence/Registration? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, NT Licence Number		Expiry:	
4. Disclosures			
Please complete the following disclosures. If you answer yes to any of the disclosures, please provide full details on a separate sheet as an attachment and sign the disclosures. In respect of this application:			
a. Are there any special conditions that apply to your current licence /registration(s) in any Australian State, Territory or New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Are you the subject of any disciplinary proceedings in any Australian State, Territory or New Zealand (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the specific occupation(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Has your licence in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Are you prohibited or restricted from carrying on the specified occupation(s) in any Australian State, Territory or New Zealand for which registration is sought?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e. Are you subject to any special condition in carrying out the specified occupation(s) as a result of criminal, civil or disciplinary proceedings in any Australian State, Territory or New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Declaration			
I do solemnly declare that, in relation to my notice seeking mutual recognition for a Plumbers Licence/Registration:			
<ol style="list-style-type: none"> 1. I am licensed as specified above; 2. I am seeking to be registered in the NT in accordance with the mutual recognition principle; 3. I have detailed above all of the substantive licences (however called) that I hold in any Australian State, Territory or New Zealand which are equivalent to Plumbers licence/registration under the law of the Northern Territory; 4. I have specified in section 4 any special condition to which I am subject in carrying on the occupation; 5. I consent to the making of inquiries of and the exchange of information with, the authorities of any Australian State, Territory or New Zealand, regarding my activities in the occupation, and otherwise in respect of matters relevant to this notice. 			
I solemnly and sincerely declare that the statements and information contained in this application are true and correct to the best of my knowledge and belief. I acknowledge that a person wilfully 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			
Signature of Applicant		Date	
*This Declaration may be made before any person who has attained the age of (18) eighteen years.			
Signature of Witness		Date	
Full name of Witness			

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6. Supporting documents	
The following documents must be lodged with this application. Please note that incomplete applications will not be processed.	
Current photographic identification (copy of current drivers licence or passport)	<input type="checkbox"/>
A copy of your interstate Plumbers and Drainers Licence (Front and back)	<input type="checkbox"/>
Passport sized photograph	<input type="checkbox"/>
The prescribed fee	<input type="checkbox"/>
7. Privacy Statement	
The Plumbers and Drainers Licensing Board complies with the Information Privacy Principles scheduled to the <i>Information Act</i> .	
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: territory.businesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@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) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@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) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au
PAYMENT DETAILS	
Cash – pay at Territory Business Centre	<input type="checkbox"/>
Cheque – Payable to RTM (Receiver of Territory Monies)	<input type="checkbox"/>
Credit Card	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit card number	
Expiry	
Name on Card	
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$_____ (_____ Dollars)	
Signature of card holder	Date
Contact phone number	