

# Plumbers and Drainers Licensing Board



**APPLICATION FOR JOURNEYMAN REGISTRATION**  
**PLUMBER AND DRAINERS LICENSING ACT**  
 (to be filled in by holders of Conditional Journeyman Registration who have completed Australian Context Training)

**LICENCE DETAILS:**

Please select the registration you are applying for:

Plumber	<input type="checkbox"/>	Drainer	<input type="checkbox"/>
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Please select the endorsements you are applying for: (if you have completed the courses)

Backflow Prevention	<input type="checkbox"/>	Thermostatic Mixing Valves	<input type="checkbox"/>
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**APPLICANT DETAILS:**

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
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Surname

Given Names

Date of Birth

**CONTACT DETAILS:**

Residential Address

Postal address same as residential address

Postal Address

Email

Telephone

Mobile

**DECLARATION:**

I solemnly and sincerely declare that:

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 registration being issued to me, I will comply with the conditions of the registration and observe the provisions of the *Plumbers and Drainers Licensing Act* 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 Journeyman 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 Registration No: JPD..... has been employed by  
 .....

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

And during that period has carried out the following work in accordance with the apprentice training requirements : (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.** Refer to Board Policies PL 012 and PL 013.

Evidence of Cert III in Plumbing (covering 4 streams – Water Plumbing, Sanitary, Draining and Gas Fitting or Roof Plumbing)	<input type="checkbox"/>
Evidence of examinations passes (Memorandum of Grades)	<input type="checkbox"/>
Evidence of 12 months' work experience (statutory declaration or company letter signed by supervising Advanced Tradesman)	<input type="checkbox"/>
Evidence of access to AS/NZS:3500-2015	<input type="checkbox"/>
Passport sized photograph	<input type="checkbox"/>
Application fee	<input type="checkbox"/>

**LODGEMENT DETAILS**

Applications can be lodged at a Territory Business Centre with the prescribed fee at:

<b>Darwin</b> 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: <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>	<b>Katherine</b> Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>
<b>Tennant Creek</b> 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: <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>	<b>Alice Springs</b> 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: <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>

**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	