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| Use this form to apply for a replacement plumbers and drainers licence or registration in accordance with Section 29 of the [*Plumbers and Drainers Licensing Act 1983*](https://legislation.nt.gov.au/Legislation/PLUMBERS-AND-DRAINERS-LICENSING-ACT-1983).  For further information on your requirements please see the [plumbers and drainers licensing board](https://plumberslicensing.nt.gov.au/) website. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | |  | | | | | | | | | | | Expiry date: | | | | | | | |  | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | |  | | | | | | | | | | | | | | | | | Date of birth: | | | | | | | | |  | | | | | |
| Given name/s: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | State: | |  | | | | | | | | Postcode: | | | | | | |  |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | | | | State: | |  | | | | | | | | Postcode: | | | | | | |  |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | | |  | | | | | | | | | | Mobile number: | | | | | | | | | |  | | | | | | | | | | |
| Email address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence by email? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| **Reason for replacement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost |  | | | | | | | | | | | Stolen | |  | | | | | | | | | | | Destroyed | | | | |  | | | | | | |
| Describe how the licence was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence/registration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence/registration? | | | | | | | | | | | | | | | | | | Post | |  | | | | | | | Collection | | | | | | | |  | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of: (address) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understand the information contained in this application; and * I undertake that in the event of a registration being issued to me, I will comply with the conditions of the licence and observe the provisions of the *Plumbers and Drainers Licensing Act 1983* and all other laws from time to in force governing the design, construction and maintenance of building work in the Northern Territory; and * I know that it is an offence to make a declaration which is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at: (location) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | on: (date) | | | |  | | | | |
| Applicant signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Checklist requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [forms page](https://plumberslicensing.nt.gov.au/forms) for current fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Completed and signed declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government and the Plumbing and Drainers Licensing Board complies with the Information Privacy Principals scheduled by the *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.  The information you provide will be accessible to Occupational Licensing and Associations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin: | | | | | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katherine: | | | | | | | Big Rivers Government Centre, 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek: | | | | | | | Barkly Business Hub, 63 Haddock Street, Tennant Creek | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs: | | | | | | | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies - in person/mail); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: | | |  | | | | | | | | Receipt number: | | | | | |  | | | | | | | Amount paid: | | | | | | | | |  | | | |