



Automatic Mutual Recognition (AMR)

(Part 3A of the *Mutual Recognition Act 1992* (Cth)¹)

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 - Contactor |
| <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.

¹ 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 with a minimum level of indemnity of \$1 million for any one claim and \$2 million in aggregate.

You must lodge a copy of your insurance policy with this notice.

Financial Capacity

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

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 are a 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; or
- post to **Locked Bag 100, East Perth WA 6892**