Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

CONSUMER PROTECTION WESTERN AUSTRALIA

USE ADOBE ACROBAT READER WITH THIS FORM

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Notice of Equivalent Occupation: Real Estate Industry New Zealand Mutual Recognition

Use of this form

This form is to be used New Zeland applicants applying to be registered in the real estate trade in accordance with the *Trans-Tasman Mutual Recognition Act 2007.*

- **Mutual recognition applies only to individuals, not companies or partnerships.**
- Any conditions on your interstate licence (e.g. restricted work types) will also apply in WA.
- You may need to meet additional WA requirements, such as holding insurance.
- If your interstate/NZ licence is not equivalent, or the information in the notice is misleading, you may be refused a registration.
- For specific occupation information refer to www.wa.gov.au/organisation/service-delivery/mutual-recognition

Fees payable

Refer to the website Fee Schedule for current fees. Fees are exempt from GST, reviewed annually and are subject to change without notice.

Checklist

☐ Form completed and declaration signed
☐ Copy of current NZ licence document attached
☐ Relevant fee attached

How to submit

By post
Licensing Services
Locked Bag 14, CLOISTERS SQUARE, PERTH WA, 6850

In person
Level 1, 303 Sevenoaks Street CANNINGTON 6107
Business hours: 8.30am - 4.30pm

Need help

Internet: www.wa.gov.au/organisation/service-delivery/mutual-recognition
Phone:
1300 304 064

Scan with your phone for more information

Payment Details

☐ Real Estate and Business agent
☐ Real Estate and Business Sales representative (includes property managers)
☐ Business Settlement agent
☐ Real Estate Settlement agent
☐ Employment agents
☐ Land valuer

Card holder name:

Card holder phone number:

Card number:

Expiry:

☐ Visa ☐ Mastercard

I authorise the Department to deduct the current prescribed fee payable in respect of this notice.

Signature:

OFFICE USE ONLY	
Total Fee $	Department code

Applicant Details

PLEASE PRINT IN BLOCK LETTERS

First name:

Family name:

Middle name(s)/Other name:

Date of birth: / /

Do you intend to operate as a sole trader? ☐Yes: ☐ No- skip to next section

If yes, please list your business name/s as registered with ASIC:

ABN:

Are you applying for a land valuer licence? ☐Yes: ☐ No- skip to next section

If yes, please list your employers name & address.

Residential address

Does not need to be a Western Australian address if you are completing this form prior to relocation.

Note: Cannot be a PO Box.

Street address:

Suburb:

State:

Postcode:

Postal address

This does not need to be a Western Australian address if you are completing this form prior to relocation.

Note: Your licence document/s will be sent to this address.

☐As above residential address

Street address/PO Box:

Suburb:

State:

Postcode:

Address for the WA Licence Search/Register

This does not need to be a Western Australian address if you are completing this form prior to relocation.

Note: If no address is provided, where permitted by relevant legislation, your residential suburb will be made publicly available on the Department's online licence search.

☐As above residential address

Street address/PO Box:

Suburb:

State:

Postcode:

Contact details

Phone (mobile):*

Phone (work):

Phone (home):

Email:*

***Note:** We use email and SMS for contact purposes and to send courtesy renewal reminders.

Current licence/registration document

☐ I have attached a copy of my current NZ licensing document, displaying the front and back of the card/document.

Details of current equivalent licence or registration

I give notice under the provisions of the Act that I am seeking to be registered in Western Australia for the following occupation/s:

☐ Real Estate and Business agent
☐ Business Settlement agent
☐ Employment agents
☐ Real Estate and Business Sales representative (includes property managers)
☐ Real Estate Settlement agent
☐ Land valuer

This registration is subject to the following conditions (if applicable):
If more space is required, please attach a separate sheet with the relevant information.

I also hold the following relevant registration/licence in New Zealand/Australia:
If more space is required, please attach a separate sheet with the relevant information.

Jurisdiction	Licence/Registration	Conditions (if applicable)

Statutory Declaration by applicant

I _____ of _____ _____
FULL NAME PERSON MAKING DECLARATION — ADDRESS OF PERSON MAKING DECLARATION — OCCUPATION OF PERSON MAKING DECLARATION

sincerely declare as follows:

1. I am not the subject of disciplinary proceedings in any State/Territory or New Zealand (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to being the holder of a licence for the relevant occupation.
2. My licence in any State/Territory or New Zealand is not cancelled or currently suspended as a result of disciplinary action.
3. I am not otherwise personally prohibited from carrying on the relevant occupation in any State/Territory or New Zealand, and I am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings.
4. I consent to the making of enquiries, the exchange of information, and obtaining information, with or from the authorities of any State/ Territory or New Zealand and any other relevant organisations, regarding my activities as the holder of a licence for the relevant occupation or otherwise regarding matters relevant to this notice.
5. I certify that the accompanying document provided (instrument evidencing my existing registration) is the original or a complete and accurate copy of the original.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

At _____ (place) On_____ (date)

By_____ (Signature of person making the declaration)

In the presence of

_____(Signature of authorised witness)

_____ (Name of authorised witness)

_____ (Qualification as such a witness)

Scan with your phone for list of authorised witness

You are entitled to commence working in Western Australia once this form is received and the fee is debited from your bank acount. The form must be complete including a copy of the licence document from your home jurisdiction

- Once received, the authority has one month to grant, refuse, postpone or impose conditions.
- A licence holder must, within 14 days of commencing to carry on business as an agent, complete the Notification of Commencement of Trading form.