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Notice of Equivalent Occupation: Electrical Mutual Recognition

Use of this form

This form is to be used by people applying to be registered in the electrical trade in accordance with the Mutual Recognition Act 1992 or the Trans-Tasman Mutual Recognition Act 2007 (the Acts).

- **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 information regarding your occupation refer to www.wa.gov.au/organisation/service-delivery/mutual-recognition.

Fees Payable

Refer to the [Fee Schedule](#) for current fees. Fees are exempt from GST, reviewed annually and are subject to change without notice.

Provide credit card details below, or attach a cheque payable to Department of Local Government, Industry Regulation and Safety. Cash accepted in person.

Checklist

- ☐ Form completed and declaration signed and witnessed
- ☐ Copy of current interstate/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 489 099

Payment Details

☐ Visa ☐ Mastercard

Card holder name:

Card number:

Expiry:

☐ One year

☐ Five years

Electrical Contractors must select 1 year.

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

Signature:

OFFICE USE ONLY

Total Fee	Department code
\$	

Notice of Equivalent Occupation: Electrical Mutual Recognition

Applicant Details

First name:

Family name:

Middle name(s)/Other name:

Date of birth:

Residential address

Note: Cannot be a PO Box. Does not need to be a Western Australian address if you are completing this form prior to relocation.

Street address:

Suburb:

State:

Postcode:

Postal address

Note: Your licence document/s will be sent to this address. This does not need to be a Western Australian address if you are completing this form prior to relocation.

☐ 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 you do not provide an address for this purpose, your suburb will be made publicly available.

☐ 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

- ☐ I have attached a copy of my current interstate/NZ licensing document, displaying the front and back of the card.
- ☐ **Electrical contractors only:** Attached a copy of Certificate of Currency issued in last 30 days for public liability insurance.

Details of current equivalent licence or registration

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

☐ Electrical Worker ☐ Electrical Contractor*

*Contractors must obtain a WA Electrical Worker Registration through mutual recognition to meet WA nominee requirements. If applying for both Electrical Worker and Contractor's on this form, you will be charged fees for both licences and evidence of both licences from your home state is required.

The jurisdiction in which the applicant seeks mutual recognition is (please select one):

NSW

VIC

QLD

NT

SA

TAS

NZ

This registration is subject to the following conditions (if applicable):

I also hold the following relevant registration/licence in another State or Territory or New Zealand:

Jurisdiction	Licence/Registration	Conditions (if applicable)

Declaration by applicant

I
sincerely declare as follows: (FULL NAME PERSON MAKING DECLARATION)

- 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.
- My licence in any State/Territory or New Zealand is not cancelled or currently suspended as a result of disciplinary action.
- 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.
- 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.
- 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 considered to be made on the date the notification is submitted.
- this application is true and correct.

Signature:

You are entitled to commence working in Western Australia once this form is received and the fee is debited from your bank account. 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, or impose conditions.