

# Re-issue Building practitioner

Form 41

## Use of this form

This form is to be used by builders who were recently registered as practitioners with the Building Services Board, but whose registrations have expired within the past three years and are applying to have their registrations reinstated.

## Board consent to late application

If you have requested the Board's consent to a late application for renewal and the Board has given that consent in writing, make your application on Form 51 instead. Go to [Building practitioner registration - Renewal](#)

## Registration as a building practitioner

In Western Australia a builder who wishes to act as a nominated supervisor for a registered building contractor or wishes to use a prescribed title such as *registered building practitioner* must be registered as a building practitioner.

Registration as a building practitioner does not authorise a person to provide services as a contractor.

## Registration as a building contractor

A person, partnership or company must be registered as a building contractor to:

- be named as a builder on a building permit;
- provide services as a builder for work that requires a building permit and with a value of \$20,000 or more and is located within the area of the Board's jurisdiction; or
- use a prescribed title such as *registered building contractor*.

## Period of registration

If the Board approves your application, registration will be granted for a period of three years. You cannot be reissued your previous registration number.

## Registration and application fees

Two fees are payable with this application, a non-refundable application fee and a registration fee.

The application fee.

The registration fee for three years.

GST is not payable on the application or registration fee.

If the Board does not grant your registration, the registration fee will be refunded.

## Complete your application

Your application cannot be processed unless all sections are completed, all attachments provided and fees paid.

## Incomplete applications

The Department cannot process incomplete applications.

If your application is incomplete or is not fully informative, you will be requested to provide outstanding or additional information. If you do not provide the information by the date stated in the request your application will be returned. The application fee will not be refunded.

## Return of documents

The Department does not normally return documents lodged in registration applications. If you need a copy of the application or attached documents, please make a copy before you lodge your application.

## How to lodge and pay

Pay for and lodge your application including attachments:



### By post

Pay by credit card using the payment slip on the form or pay by cheque or money order made payable to –

Department of Local Government,  
Industry Regulation and Safety

Licensing Services  
Locked Bag 14  
CLOISTERS SQUARE WA 6850



### In person

Lodge your application and pay by cash, cheque, money order or card at the customer service counter.

Applications will not be assessed for completeness upon lodgement. Your application will be assessed following allocation to a Licensing Officer.

Level 1, 303 Sevenoaks Street  
CANNINGTON WA 6107  
Office hours are:  
Mon–Fri 8:30am to 4:30pm.



BPAY and online payment are not available for this registration.



The department will not receive email or fax applications for this registration.

## After your application is lodged

The Department will confirm receipt of your application. If you do not receive an acknowledgement within 15 business days, please contact the Department on 1300 489 099 or email [be.licensing@lgirs.wa.gov.au](mailto:be.licensing@lgirs.wa.gov.au).

When the Department is satisfied that your application is complete and payment is received it may refer your application to the Board for a decision on registration.

## State Administrative Tribunal review of Board decisions

The decision to refuse an application for registration is a reviewable decision. If you disagree with the Board's decision in relation to your registration application, you may apply to the SAT for a review of the decision.

## More information

If you need more information about the status of your application or about practitioner registration generally, contact the Department on 1300 489 099 or email [be.licensing@lgirs.wa.gov.au](mailto:be.licensing@lgirs.wa.gov.au).

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## Building practitioner

### CHECKLIST

Use this checklist reminder to ensure that you complete all parts of your application and attach all necessary supporting documents.

- Personal and contact details provided
- Proof of identity - 100 points provided
- Fitness & proprietary questions 1 to 11 answered
- Australian police check – less than three months old, attached
- Nominated supervisor section completed
- Applicant's declaration signed and dated
- Payment details provided

### PAYMENT

#### CREDIT CARD PAYMENT DETAILS

Card Type    Visa        Mastercard        (Only Visa and Mastercard accepted)

Card Number   

Card Holder     Please print

Expiry Date      /      *I authorise the Department to deduct the current prescribed fee\**

Signature / Authorisation        Date   

Cardholder's contact phone number:   

\*Fees are subject to change on 1 July of each year

ABN: 69 410 335 356

Office Use only					
Registration No:		Department Code	BD	Chart Description	<input type="checkbox"/> Build App Fee Prac Ind Initial <input type="checkbox"/> Build Reg Fee Prac Ind - Initial
Total Fee	\$	Link Licence	Yes		

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## Building practitioner

This form can only be used by those whose practitioner registration has expired within the past **three years**. If you have not been registered as a practitioner within the past three years you are not eligible to use this form.

Ensure you complete all parts of your application and attach all necessary supporting documents. Incomplete applications **will not** be processed.

### Personal details

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other please specify
Family name				
First name				
Other name(s)			Date of birth	
Have you been known by any other names?	<input type="checkbox"/> No <input type="checkbox"/> Yes			



If you answered 'yes' above, attach a separate page with full details.  Attached

**Principal place of business address** – required for publication in the register. It cannot be a post office box number.

Street			
Suburb	State	Postcode	

**Address for service** – required for the purpose of serving documents. It cannot be a post office box number.  As above

Street			
Suburb	State	Postcode	

**Postal address** – address for correspondence from the Department.

As above

Street or PO Box			
	State	Postcode	

### Contact details

Phone (home)	(     )	Phone (work)	(     )
Phone (mobile)*			
Email*			

\* **Required** to receive courtesy renewal reminder notifications by SMS and email and other important information relevant to your registration

## PROOF OF IDENTITY



Points allowed	Document	Points
<b>70 points</b>	<input type="checkbox"/> Birth certificate (not an extract) <input type="checkbox"/> Current passport <input type="checkbox"/> Australian citizenship certificate	
<b>40 points</b> - for first document from this category. <b>25 points</b> - for additional documents from this category.	<input type="checkbox"/> Current Australian issued licence or permit card e.g. Driver's licence <input type="checkbox"/> Current Australian government issued identification card <input type="checkbox"/> Australian tertiary student identification	
<b>35 points</b> A document from this set must show your name and current residential address.	<input type="checkbox"/> Mortgage document held by an Australian financial body <input type="checkbox"/> Australian Land Title Office record <input type="checkbox"/> Document from the Credit Reference Association of Australia	
<b>25 points</b>	<input type="checkbox"/> Australian public utility bill, rates notice or bank statement <input type="checkbox"/> Medicare card <input type="checkbox"/> Marriage certificate (for maiden name only) or change of name certificate	
<b>Total points</b>		

## FITNESS AND PROPRIETY

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1  | Have you ever been refused registration as a builder by a registration board or similar body in any Australian state or territory?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2  | Have you ever been refused a registration or occupational licence, other than as a builder, by a registration board or similar body in any Australian state or territory?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3  | Has your registration with any registration board ever been suspended or cancelled, other than for non-payment of registration?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4  | Have you ever been disciplined by any registration board?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5  | Are you currently the subject of disciplinary proceedings by any registration board, including any preliminary investigation or action that might lead to disciplinary proceedings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6  | Have you ever been the subject of an order made by the State Administrative Tribunal?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7  | Have you been a director or officer of a corporation which has been the subject of disciplinary proceedings for contravention of the <i>Building Act 2011</i> , <i>Building Services (Registration) Act 2011</i> , the <i>Building Services (Complaint Resolution and Administration) Act 2011</i> or the <i>Home Building Contracts Act 1991</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8  | Have you ever been disqualified from being a director of a company?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9  | Have you ever been a director or officer of a company that has been declared an insolvent?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Have you ever been declared bankrupt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | Are there any other matters which may be relevant to your suitability for registration about which the Board should be informed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



If you answered 'yes' to any of questions 1 to 11 above attach details and, if appropriate, a list of cases. If you prefer you may place these attachments in a sealed envelope marked with your name. A 'yes' response will be considered by the Board on the facts presented and may not affect your application for registration.

Attached  N/A

## AUSTRALIAN POLICE CHECK

You must apply for and attach to this application an Australian police check from the approved list of providers, available here: [Police checks for licensing](#).

The date of issue of the police check must be within three (3) months of the date you lodge this application.



Attach an Australian police check dated within three months of this application date.

Attached

## QUALIFICATIONS AND EXPERIENCE

If you were previously registered by the Building Services Board as a building practitioner, within three years of the date of this application you are not required to provide current evidence of your qualifications and experience.

Please confirm that you were previously registered. If known, give your former registration number.

Have you been registered as a building practitioner by the Building Services Board within the past *three years*?  Yes  No

If 'yes', provide your former registration number (if known):

\_\_\_\_\_  
Registration number

If 'no', you are *not* eligible to use this form and must provide evidence of suitable qualifications and experience. If this is your situation, go to: [Building practitioner registration - New](#) for information regarding current qualification and experience requirements and the applicable forms.

## NOMINATED SUPERVISOR

Are you intending to be the nominated supervisor for a company or partnership registered as a building contractor? If 'yes', name the contractor below.  Yes  No

\_\_\_\_\_  
Name of registered building contractor (do not use trading name)

\_\_\_\_\_  
Contractor registration number

Provide a list if you are intending to be the nominated supervisor for more than one contractor.

## DECLARATION BY APPLICANT

### False and misleading information

Section 99 of the *Building Services (Registration) Act 2011* provides for penalties of up to \$25,000 where a person makes a false or misleading statement or provides false or misleading information or particulars as part of an application for registration.

### Declaration

I,

\_\_\_\_\_  
Full name of applicant

- 1 authorise the Building Services Board, the Department of Local Government, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and obtain documents considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of my criminal records. I agree that the Board can use and disclose any or all information received pursuant to this authority for the purposes of the assessment or audit of this application.
- 2 sincerely declare that this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date