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Notice of Equivalent Occupation: Plumbing and Gas Mutual Recognition

Use of this form

This form is to be used by people applying to be registered in the plumbing and gas trade in accordance with the Mutual Recognition Act 1992 or 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 interstate/NZ licence document attached
- Relevant fee attached
- Photograph attached (plumbing only)

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

Scan with your phone for more information



Payment Details

Fee options:

Gas Fitter

Five year licence

One year licence

Plumbing

Three year licence option only

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
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Applicant Details PLEASE PRINT IN BLOCK LETTERS

First name:	Family name:
<input type="text"/>	<input type="text"/>
Middle name(s)/Other name:	Date of birth:
<input type="text"/>	<input type="text" value="/ /"/>

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 suburb will be made publicly available on the Department's online licence search.

As above residential address

Street address/PO Box:

Suburb:	State:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Phone (mobile):*	Phone (work):	Phone (home):
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.
- PLUMBING ONLY:** I have attached a licence card photograph (clear passport style image of head and shoulders against a white background, no hats or sunglasses).

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:

Gas Fitter Plumbing Tradesperson Plumbing Contractor

Which jurisdiction is your home jurisdiction (please select one):

NSW VIC QLD NT SA TAS ACT NZ

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 another State or Territory or New Zealand:

If more space is required, please attach a separate sheet with the relevant information.

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, postpone or impose conditions.