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

GOVERNMENT OF WESTERN AUSTRALIA

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CONSUMER PROTECTION WESTERN AUSTRALIA

Notice of Equivalent Occupation: Motor Vehicle Industry Mutual Recognition

Use of this form

This form is to be used by people applying to be registered in the motor vehicle trade in accordance with the *Mutual Recognition Act 1992.*

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 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 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

☐ Motor Vehicle Dealer
☐ Motor Vehicle Repair business
☐ Motor Vehicle Salesperson
☐ Motor Vehicle Yard Manager
☐ Motor Vehicle Repairer Certificate

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:

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.

Motor Vehicle repairer's certificate only - skip to next question if not applicable

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

☐ I have provided a copy of my identification (driver's licence or passport).

Motor Vehicle repair business only - skip to next question if not applicable

List the address of all the fixed and/or mobile premises you intend to operate from.

Motor Vehicle repair licence - Fixed Premises
(if you have more than two (2) fixed premises, please add a seperate sheet of paper with details of the additional addresses)

Street address:

Suburb: State: Postcode:

Street address:

Suburb: State: Postcode:

Motor Vehicle repair licence - Mobile Premises
(if you have more than three (3) mobile premises, please add a seperate sheet of paper with details of the additional addresses)

Make of Vehicle	Model of Vehicle	Vehicle colour	Year	Registration number	Proposed trading start date

Motor Vehicle dealer only- skip to next question if not applicable

Principal place of business

Street address:

Suburb: State: Postcode:

Name of person in control of the day-to day operations of the delership at these premises:

Tick each category for which you are applying:

- ☐ Category A: Buying, selling and auctioning vehicles.
- ☐ Category B: Buying any vehicles for the purpose of dismantling them and selling off the parts.
- ☐ Category C: Acting as an agent to facilitate the sale or purchase of any vehicles on behalf of members of the public.
- ☐ Category D: Hiring out vehicles, buying vehicles for hiring out, and selling and auctioning any vehicles that have been hired out by the dealer.
- ☐ Category E: Selling (including by auction) vehicles under consignment agreements.

Note: Selling vehicles on consignment (Category E) means selling a vehicle on behalf of someone who is not a licensed dealer or trade owner, including sales at auction. If you apply for Category E, you'll need to provide details of your trust account and the name of your registered auditor, and agree to audits by Consumer Protection at reasonable times. If your licence is approved with Category E, we'll send you the required forms to complete.

Details of current equivalent licence or registration

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

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

☐ Motor Vehicle Dealer

☐ Motor Vehicle Repair Business

☐ Motor Vehicle Salesperson

☐ Motor Vehicle Yard Manager

☐ Motor Vehicle Repairer Certificate

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

☐ NSW ☐ VIC ☐ QLD ☐ NT ☐ SA ☐ TAS ☐ ACT

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

Jurisdiction	Licence/Registration	Conditions (if applicable)

Declaration by applicant

I _____
(Full name of person making declaration)

sincerely declare as follows:

- I am not the subject of disciplinary proceedings in any State/Territory (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 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, 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 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 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.