Automatic Mutual Recognition (AMR)

(Part 3A of the Mutual Recognition Act 1992 (Cth)1)

Notice of Intent to Operate in Western Australia

Contact Details		
* Given Name(s):	* Last Nam	e:
* Date of Birth:	_ * Email:	
* Mobile:	_ Phone (oth	er):
* Which State or Territory are you claiming as Your home State can be the State or Territory of you		
different you may choose one or the other.	. ,	
* Principal Place of Residence:		
* Principal Place of Work:		
Employer/Business Name:		
Employer Address (if relevant):		
Business Premises in WA (if relevant):		
Licence / Registration (Occupation) [tails	
I am giving notice of my intent to undertake occupation(s) in accordance with the automate		
Demolition	Fireworks	s Contractor
High Risk Work Licence Assessor	* Selection of at leas	st one checkbox is mandatory
* I hold the following licence(s)/registration(to work in the occu	pation(s) selected above.
Licence/Registration and Number	State	Issuing Agency

¹ as adopted in Western Australia by the Mutual Recognition (Western Australia) Act 2020

The following conditions apply to the licence(s)/registration(s) listed above. If all conditions on any licence/registration listed above are not disclosed, this Notice is **incomplete** and you **cannot** commence activities in Western Australia.

Licence/Registration Number	Conditions on the Licence/Registration

DECLARATION *

I understand that I can only undertake activities in Western Australia for which I am licensed under my nominated home State licence/registration.

I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the occupation(s) nominated above.

No licence/registration that I hold or have held to carry on the activity, or occupation that covers the activity, in any State or Territory has been cancelled or suspended as a result of disciplinary action.

I am not personally prohibited from carrying on the activity, or an occupation that covers the activity, and I am not subject to any conditions on carrying out the activity, as a result of criminal, civil or disciplinary proceedings.

By lodging this Notice you:

- declare that the information and documents provided in and with the Notice are true and correct, and that your licence/registration may be cancelled or suspended if you provide false or misleading information; and
- acknowledge that information relating to my licence/ registration may be disclosed by the local licence/registration authority in Western Australia and local licence/registration authorities in other States and Territories in accordance with the *Mutual Recognition Act 1992 (Cth)* and the *Mutual Recognition (Western Australia) Act 2020.*

If you do not complete all mandatory sections relevant to the occupation you intend to undertake in Western Australia, your Notice is **incomplete** and you **cannot** commence activities in this State. Mandatory sections marked *.

You can lodge this Notice, along with the required supporting documents, by:

- email to worksafelicensing@lgirs.wa.gov.au; or
- post to Locked Bag 14, Cloisters Square, PERTH WA 6850