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| By using this form, you are notifying of your intent to work in the Northern Territory under Part 3A of the [*Mutual Recognition Act 1992*](https://www.legislation.gov.au/Details/C2021C00272).  Individuals who hold a valid and current occupational registration or licence in another state or territory are able to apply for automatic mutual recognition (AMR) in the Northern Territory (NT) without needing to pay additional fees or apply for a separate registration.  While working in the NT, you are required to comply with all relevant NT legislation, including only working within the scope of work that you are authorised to do so under your interstate licence or registration.  Please read the form carefully as some occupations need to supply extra information, such as evidence of employer details\*, professional indemnity insurance and a net assets certificate.  If you intend to change your home state to the NT, you are required to apply for the relevant licence in the NT. Fees may apply.  Please note, companies and property agent sole traders **cannot** apply under AMR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Building Practitioner** | | | | | | | | | | | | | | | | | | **Plumbing and Drainers** | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Certifier (Unrestricted)\* | | | | | | | | | | | | | | | |  | | Plumber and Drainer - Advanced Tradesman | | | | | | | | | | | | | | | | | | | | | | | |  |
| Building Certifier (Residential)\* | | | | | | | | | | | | | | | |  | | Plumber and Drainer – Journeyman\* | | | | | | | | | | | | | | | | | | | | | | | |  |
| Certifying Architect | | | | | | | | | | | | | | | |  | | **Plumbing and drainers endorsements** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | |
| Certifying Engineer (Structural)\* | | | | | | | | | | | | | | | |  | | Backflow prevention | | | | | | | | | | | | | | | | | | | | | | | |  |
| Certifying Engineer (Hydraulic)\* | | | | | | | | | | | | | | | |  | | Thermostatic mixing values | | | | | | | | | | | | | | | | | | | | | | | |  |
| Certifying Engineer (Mechanical)\* | | | | | | | | | | | | | | | |  | | Other: | | | |  | | | | | | | | | | | | | | | | | | | |  |
| Certifying Plumber and Drainer (Design)\* | | | | | | | | | | | | | | | |  | | **Commercial and Private Agent** | | | | | | | | | | | | | | | | | | | | | | | | |
| Certifying Plumber and Drainer | | | | | | | | | | | | | | | |  | | Commercial Agent | | | | | | | | | | | | | | | | | | | | | | | |  |
| Building Contractor Residential (Restricted) | | | | | | | | | | | | | | | |  | | Inquiry Agent | | | | | | | | | | | | | | | | | | | | | | | |  |
| Building Contractor Residential (Unrestricted) | | | | | | | | | | | | | | | |  | | Private Bailiff | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Electrical Licensing** | | | | | | | | | | | | | | | | | | Process Server | | | | | | | | | | | | | | | | | | | | | | | |  |
| Electrical Contractor (Individual) | | | | | | | | | | | | | | | |  | | **Property Agents** | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical Apprentice\* | | | | | | | | | | | | | | | |  | | Auctioneers | | | | | | | | | | | | | | | | | | | | | | | |  |
| Electrical Mechanic\* | | | | | | | | | | | | | | | |  | | Agents Representative\* | | | | | | | | | | | | | | | | | | | | | | | |  |
| Electrical Fitter\* | | | | | | | | | | | | | | | |  | | Real Estate Agent and/or Business Agent | | | | | | | | | | | | | | | | | | | | | | | |  |
| Electrical Linesman\* | | | | | | | | | | | | | | | |  | | Conveyancing Agent | | | | | | | | | | | | | | | | | | | | | | | |  |
| Electrical Cable Jointer\* | | | | | | | | | | | | | | | |  | | **Gaming Machine** | | | | | | | | | | | | | | | | | | | | | | | | |
| Restricted Electrical Licence | | | | | | | | | | | | | | | |  | | Gaming Machine Manager | | | | | | | | | | | | | | | | | | | | | | | |  |
| Restricted endorsement: | | | | | | | | | | | | | | | | | | Gaming Machine Repairer | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | **Architects** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Private Security** | | | | | | | | | | | | | | | | | | Individual | | | | | | | | | | | | | | | | | | | | | | | |  |
| Security Officer | | | | | | | | | | | | | | | |  | | **Surveyors** | | | | | | | | | | | | | | | | | | | | | | | | |
| Crowd Controller | | | | | | | | | | | | | | | |  | | Individual | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | | |  | | | | | | | | |
| Given name/s | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | |  | | | | | | | | | | | | | State | | | |  | | | | | | | Postcode | | | | | | | |  | | | |
| Is your postal address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | |  | | | | | | | | | | | | | State | | | |  | | | | | | | Postcode | | | | | | | |  | | | |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | | | | | |  | | | | | | | | | | | | Mobilenumber | | | | | | | | |  | | | | | | | | | | | | | | |
| Email address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You **MUST** maintain a current equivalent interstate licence at all times in order to maintain automatic mutual recognition. If your interstate licence expires, you no longer have automatic mutual recognition.  Specify below **all** states or territories for which a substantive licence for the equivalent occupation(s) is sought.  **Note:** If you renew your equivalent interstate licence, to ensure substantive recognition continues, please supply Occupational Licensing with a copy of the renewed equivalent interstate licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State** | | | **Licence held** | | | | | | | | | | | | | | | | | | | | **Licence no.** | | | | | | | | | | | **Expiry date** | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
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| **Licence conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do any licence conditions apply to your current registration(s) in any Australian State or Territory? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous or current AMR notifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previous applied, or been approved, for deemed registration in the Northern Territory or any other Australian State or Territory? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | |
| If yes, please select below each State or Territory you are currently working in under AMR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NT |  | | | NSW | | | |  | | VIC | |  | | | WA | |  | | | | TAS | | | | |  | | | SA | | |  | | | | | ACT | | | |  | |
| **Employer details\*** (applicable occupations only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete your employer details below if applying for an occupation listed above with an \*. Please note your employer must be licensed in the NT to be eligible. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NT licence number | | | | | | |  | | | | | | | | | | | | Expiry date | | | | | | | | |  | | | | | | | | | | | | | | |
| Contact person | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | |  | | | | | | | | | | | | | State | | | |  | | | | | | | Postcode | | | | | | | |  | | | |
| Phone number | | | | | | |  | | | | | | | | | | | | Mobilenumber | | | | | | | | |  | | | | | | | | | | | | | | |
| Email address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclosure of information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you the subject of any disciplinary proceedings in any Australian State or Territory (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the specific occupation(s)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your licence in another Australian State or Territory been cancelled or suspended as a result of disciplinary proceedings? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you prohibited or restricted from carrying on the specified occupation(s) in any Australian State or Territory for which registration is sought? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you subject to any special condition in carrying out the specified occupation(s) as a result of criminal, civil or disciplinary proceedings in any Australian State or Territory? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** If you have answered yes to any of the questions above, you may not be eligible for automatic mutual recognition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I am licensed as specified in the application and am seeking automatic deemed registration in the NT in accordance with the mutual recognition principle; and * I have declared any special condition to which I am subject in carrying on the occupation(s); and * I consent to the making of inquiries of, exchange of information with the authorities of the Australian States and/or Territory, regarding my activities in the relevant occupation(s) or otherwise regarding matters relevant to this application; and * I will notify Occupational Licensing within 7 days of any conviction in a court of law or disciplinary action in my home state; and * I will notify Occupational Licensing within 7 days of any change to my address or contact details; and * I understand that if my current equivalent interstate licence expires, is suspended or cancelled, I no longer have substantive recognition in the Northern Territory; * I understand my information will be listed on the automatic mutual recognition website; and * I understand that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at (location) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | On (date) | | | | |  | | | | | | | |
| Applicant signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving correspondence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I wish to receive correspondence relating to my notification by one of the below methods. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post | |  | | | | | | | | | Email | | |  | | | | | | | | | | | | | Collection | | | | | |  | | | | | | | | | |
| **Supporting documents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current photo ID attached - Passport, Australian driver’s licence or evidence of age card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Copy of your current interstate licence/s or registration/s attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Completed form and signed declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Additional required documents – Building practitioners** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net assets certificate from Accountant - **Building contractor only**  **Note:** You must provide an original Net Assets Certificate, as certified by a registered accountant that you (Individual name) have “Net Tangible Assets” of $50,000 or more, as required by the Building Regulations. You must maintain at least that minimum amount during the entire period of registration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Copy of current professional indemnity insurance policy - **Certifying Engineer, Building Certifier, Certifying Plumber & Drainer (Design) only**  **Note**: The insurance certificate of currency must be submitted with your application. The policy must note you as an insured party or if you are using your employer’s insurance it must be accompanied by a letter from the employer on company letterhead (and signed by a company director) confirming that you are covered by their insurance policy. Your employer must also be registered as a Building Practitioner in the NT in the same category. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Disclaimer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.  The information you provide will be accessible to Occupational Licensing and Associations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin | | | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katherine | | | | | Big Rivers Government Centre, 5 First Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek | | | | | Barkly Business Hub, 63 Haddock Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs | | | | | Ground Floor, The Green Well Building, 50 Bath Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | | | | | | | | | | |