

**NOTICE FOR REGISTRATION OF EQUIVALENT OCCUPATION
MUTUAL RECOGNITION (NEW SOUTH WALES) ACT 1992**

1) APPLICANT DETAILS

Surname:

Given Names:

Date of Birth:

Place of Birth:

Residential Address:

Postcode:

Telephone No.:

Mobile Telephone No.:

Email Address:

2) OCCUPATION

I apply for registration of the following occupation in New South Wales in accordance with the principle of mutual recognition:-

_____ *(Occupation for which registration is requested)*

3) DETAILS OF CURRENT INTERSTATE REGISTRATION FOR THIS OCCUPATION

* NOTE: "Registration" includes licence, admission, approval, authority, certificate etc.
(tick whichever applies)

I am currently registered as _____

in _____
(Name of State/Territory)

Attach the original registration document or a copy of it.

I certify that the registration document attached is:

- the original document; or
- a complete and accurate copy *(delete whichever does not apply)*

(Section 3 continued on next page)

3) DETAILS OF CURRENT INTERSTATE REGISTRATION... (continued)

If there is no registration document, complete the following details:-

State/Territory: _____
Registration Authority: _____
Type of Registration: _____
Registration Number: _____
Expiry Date: _____

NOTE:

Before you are entitled to carry on business in this State under deemed registration of an equivalent occupation, you must complete the standard application form, pay the prescribed application and licence fees, and meet the N.S.W. requirements for trading premises, financial viability and any other matters that are applicable.

4) OTHER REGISTRATION

Are you or have you ever been registered for this or an equivalent occupation in any other state or territory? If so, provide details:

State/Territory	Type of Registration / Licence	Reg. / Lic. Number	In Force? (Y/N)

5) SPECIAL CONDITIONS

Are there any special conditions which apply to any such registration or licence other than as the result of criminal, civil or disciplinary proceedings?

If yes, provide full details:

6) DECLARATION

In relation to the occupation for which recognition is sought, I declare that:

- (a) I am not the subject of disciplinary proceedings in any State or Territory (including preliminary investigations or action that may lead to disciplinary proceedings) in relation to that occupation or an equivalent occupation; and
- (b) my registration in any State or Territory is not cancelled or currently suspended as a result of disciplinary action; and
- (c) I am not otherwise personally prohibited from carrying on that occupation or an equivalent occupation in any State or Territory, and I am not subject to any special conditions in carrying out such an occupation as a result of any criminal, civil or disciplinary proceedings; and
- (d) I consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory regarding my activities in those occupations, and in other matters relevant to this application.

STATUTORY DECLARATION

I, _____
Full name of applicant

do solemnly and sincerely declare that the contents of this Notification (pursuant to cl.19 of the Schedule to the *Mutual Recognition (New South Wales) Act 1992*) and any and all attachments are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900* (as amended).

Signature _____
Signature of applicant

Declared at _____ on _____
Place Date

In the presence of an authorised witness, who states:

I, _____, a _____
Name of authorised witness qualification of authorised witness

certify the following matters concerning the making of this statutory declaration by the person who made it: * please cross out any text that does not apply

1. * I saw the face of the person OR * I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. * I have known the person for at least 12 months OR * I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____
describe identification document relied on

Signature of authorised witness Date

NOTE: It is an offence under the *Crimes Act 1900* to make a false or misleading statement in this document. The maximum penalty is imprisonment for two years or a fine of \$22,000 or both.

How to Lodge this Document



Mail

Send to:
Business Licensing
Locked Bag 5138
PARRAMATTA NSW 2124



Service NSW Service Centre

For your nearest Service NSW Centre, go to:
www.service.nsw.gov.au or telephone 13 77 88.

Enquiries: Monday to Friday 8:30 am to 5:00 pm

Tel: (02) 9619 8700