

NORTHERN TERRITORY BUILDING PRACTITIONERS BOARD

APPLICATION FOR REGISTRATION AS A BUILDING PRACTITIONER CORPORATION

(THIS FORM IS NOT FOR BUILDING CONTRACTOR CORPORATION APPLICATIONS)

SECTION 1 BUSINESS DETAILS

CORPORATION
NAME

TRADING NAME

ACN

ABN

SECTION 2 CONTACT DETAILS

BUSINESS PHONE
NUMBER

FAX NUMBER

EMAIL
ADDRESS

WEB SITE

SECTION 3 ADDRESS DETAILS

BUSINESS
ADDRESS

POSTAL
ADDRESS

For the service
of notices and
documents

Please note that your postal address will be listed on the public register of building practitioners

FOR OFFICE USE ONLY

Receipt Number

Date

Amount

Received By

SECTION 4 BUSINESS REGISTRATION

Corporation must provide a copy of the "Certificate of Incorporation" and a "Full company extract" purchased from Australian Securities and Investment Commission (ASIC) (current and historical within the last 28 days).

SECTION 5 SUB-CATEGORY OF PRACTITIONER

Indicate sub-category being sought:-

- BUILDING CERTIFIER
 RESIDENTIAL
 UNRESTRICTED
- CERTIFYING ARCHITECT
- CERTIFYING ENGINEER
 STRUCTURAL
 HYDRAULIC
 MECHANICAL
- CERTIFYING PLUMBER & DRAINER
- CERTIFYING PLUMBER & DRAINER (DESIGN)

SECTION 6 MANAGEMENT DETAILS

Please list the names of **all natural persons** concerned in the management or conduct of the corporation and the positions they hold:

NAME	DATE OF BIRTH	POSITION	ADDRESS

SECTION 7 OTHER INFORMATION

In order to assist the Building Practitioners Board in determining whether ALL persons concerned in the management or conduct of the corporation are fit and proper persons to be registered if the application had been made by them personally pursuant to Section 24(2)(b) of the *Building Act*, tick yes or no in the relevant box for the following questions.

Have or are ANY of the persons concerned in the management or conduct of the corporation:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. An undischarged bankrupt or have you entered into any current Part IX agreement or Part X arrangement or agreement under the Bankruptcy Act 1966? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last 5 years become bankrupt or have you entered into a Part IX agreement or Part X arrangement or agreement under the Bankruptcy Act 1966? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last 5 years been convicted of a criminal offence (other than a minor traffic offence) or are any court proceedings pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been disqualified from holding an occupational licence or certificate, or had an occupational licence or certificate cancelled or suspended or refused (including interstate licences, certificates or registrations)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In respect of any work done in an equivalent position, been fined, reprimanded or cautioned for any breach of rules, professional conduct or code of ethics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last 5 years been a Director, Secretary or a person in a position to control or substantially influence a company's conduct or affairs (such as a shareholder with a significant shareholding, a financier or a senior employee) within 12 months of that company being placed in receivership, administration, official administration, under a deed of company arrangement, in liquidation or wound up for the benefit of creditors? | <input type="checkbox"/> | <input type="checkbox"/> |

If ANY of the persons concerned in the management or conduct of the corporation have ticked YES to any of these questions you MUST provide details and copies of all relevant documentation.

SECTION 8 INSURANCE REQUIREMENTS

Corporations applying for registration in any of the categories/subcategories below are required to hold current Professional Indemnity Insurance in accordance with the following schedule.

Building Certifier Unrestricted, Certifying Engineer Structural and Certifying Plumber & Drainer Design	\$1 Million
Building Certifier Residential	\$500,000
Certifying Engineer Mechanical, Certifying Engineer Hydraulic and Certifying Architect	\$100,000

Evidence of current cover must be submitted with the application.

PAYMENT DETAILS			
Contact your local Territory Business Centre for the relevant schedule of fees.			
Cash - Territory Business Centre			
Cheque - payable to RTM (Receiver of Territory monies)			
Credit card	Visa MasterCard		
Credit card number			
Expiry			
Name on card			
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of		\$	
Amount in words			dollars
Signature of cardholder		Date	
Contact phone number			

PRIVACY

The Building Practitioners Board of the Northern Territory (NT) is collecting the information on this form to determine whether or not you are eligible for renewal of registration as a building practitioner in accordance with the provisions of the *Building Act*. The names, business addresses and business telephone numbers of registered building practitioners will be entered into a register of building practitioners. This register will be available to the public via our internet site or upon request. The Building Practitioners Board collects personal information in accordance with the Northern Territory Government's privacy statement available at www.nt.gov.au/ntg/disclaimer.shtml. For more information please contact the Building Practitioners Board, or the Building Advisory Services on (08) 8999 6435.

SECTION 11 STATUTORY DECLARATION

This declaration **must** be made by 2 directors or a director and a secretary of the corporation (or by the sole director/secretary if applicable).

Oaths, Affidavits and Declarations Act

I/We, _____
(insert full names)

being directors/(director and secretary)/(sole director/secretary) of the corporation (delete as applicable)

(insert corporation name)

do solemnly and sincerely declare that the particulars contained in this application and following statements are true and correct and all of the attachments are the original or a complete and accurate copy of the original.

- I/We give the Northern Territory Building Practitioners Board consent to make any inquiries and to receive and disclose any information which is relevant to my initial and ongoing eligibility to be registered as a building practitioner;
- I/We acknowledge that information (name, business address and telephone number) will be placed on a register that is open to the public;
- I/We accept that failure to supply information required on this form may delay processing of this application;
- I/We understand and acknowledge my legal obligations under the *Building Act* if registration is granted;

And I/We make this declaration by virtue of the *Oath, Affidavits and Declarations Act* knowing that the declaration is true in every particular and with the knowledge that it is an offence to make a statutory declaration that is false in any material particular.

Declared at _____ this _____ day of _____ 20____.

Signature

Signature

Signature of Witness

Signature of Witness

Name and Address of Witness

Name and Address of Witness

Note: it is an offence under the *Oaths, Affidavits and Declarations Act* for a person to intentionally do something to a Statutory Declaration that results in it becoming false or misleading whether the thing done is done intentionally or recklessly. If convicted of this offence you may be fined or imprisoned.

It is an offence under the *Criminal Code Act* for a person to make a statutory declaration that is, to the knowledge of the person making the statutory declaration, false. If convicted of this offence you may be imprisoned.

This declaration may be made before any person who has attained the age of 18 years.

SUBMITTING

CHECKLIST - Please ensure that you have provided the following: **Completed Form**

Application form completed, signed and witnessed where applicable.

 Company search

A full company extract must be purchased (within the last 28 days) from Australian Securities and Investments Commission (ASIC) – current and historical, and provided with this application.

 Certification of Incorporation OR Certificate of Registration of Business Name

Corporation must provide a copy of the Certification of Incorporation OR Certificate of Registration of Business Name.

 Copy of Insurance Certificate (if applicable)

The insurance certificate of currency must be submitted with your application.

 All relevant Documentation Required by Section 7

If you ticked YES to any questions you must provide full details of all relevant documentation on a separate sheet of paper in the form of a statutory declaration clearly outlining the date, reasons and outcomes.

 Application Fee

Complete credit card details on page 5 of the application or enclose cheque made out to RTM.

LODGEMENT DETAILS	
Applications can be lodged at a Territory Business Centre with the prescribed fee at:	
Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highy Way BERRIMAH NT 0828 Darwin GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territory.businesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@nt.gov.au
Tennant Creek Shop 2, Barkly House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@nt.gov.au	Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au