

NORTHERN TERRITORY BUILDING PRACTITIONERS BOARD

APPLICATION FOR REGISTRATION AS A BUILDING PRACTITIONER INDIVIDUAL MUTUAL RECOGNITION

SECTION 1 PERSONAL DETAILS

FAMILY NAME (Surname)	<input type="text"/>		
GIVEN NAME (First name)	<input type="text"/>	OTHER NAMES (Middle names)	<input type="text"/>
PREFERRED NAME	<input type="text"/>	BIRTH FAMILY NAME (e.g. maiden name)	<input type="text"/>
GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DATE OF BIRTH <input type="text"/>

For identification purposes a copy of your birth certificate or certified extract (or any other proof of identity considered sufficient by the Building Practitioners Board) must be attached to this application.

SECTION 2 CONTACT DETAILS

BUSINESS HOURS PHONE NUMBER	<input type="text"/>	AFTER HOURS PHONE NUMBER	<input type="text"/>
FAX NUMBER	<input type="text"/>	MOBILE PHONE NUMBER	<input type="text"/>
EMAIL	<input type="text"/>		

SECTION 3 ADDRESS DETAILS

HOME ADDRESS	<input type="text"/>
	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>
For the service of notices and documents	<input type="text"/>

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

SECTION 4 SUB-CATEGORY OF PRACTITIONER

Please indicate category/sub-category of registration being sought in accordance with the mutual recognition principle:-

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

SECTION 5 EXISTING REGISTRATION

Please provide details of your current interstate building practitioner's registration/licence on which you want the mutual recognition based.

State/Territory of Licence Number
Registration

Details of any special conditions applicable to your existing registration.

Please provide details of any other current Interstate building practitioner's registration/licences you hold.

State/Territory of Licence Number
Registration

Details of any special conditions applicable to your existing registration.

The originals (or certified copies) of the licences/certificates evidencing your existing registration are to be attached to this application. If there is no such instrument, sufficient information should be provided to identify you and the registration held by you.

SECTION 6 FINANCIAL REQUIREMENTS:

This section is applicable only to building practitioners in the categories of Building Contractor Residential (Restricted) and Building Contractor Residential (Unrestricted).

You must provide a Net Assets Certificate, as certified by a registered accountant that you have “Net Tangible Assets” of \$50,000 or more, as required by the Building Regulations.

Note: The Building Practitioners Board can require a Building Contractor to produce evidence to assess compliance with the requirement to hold the minimum Net Tangible Assets of \$50,000 in accordance with section 25B.

SECTION 7 OTHER INFORMATION

In order to assist the Building Practitioners Board in determining whether you are a fit and proper person to be registered pursuant to Section 24(1)(a) of the *Building Act*, tick yes or no in the relevant box for the following questions.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you 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. Have you 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. Have you 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. Have you ever 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 you have done in an equivalent position, have you ever been fined, reprimanded or cautioned for any breach of rules, professional conduct or code of ethics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you 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 you have ticked YES to any of these questions you MUST provide details and copies of all relevant documentation.

SECTION 8 INSURANCE REQUIREMENTS

Applicants applying for registration in any of the categories/subcategories below, are required to hold current Professional Indemnity Insurance Policy 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 your 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 10 STATUTORY DECLARATION

Oaths, Affidavits and Declarations Act

I, _____ (full 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 am not the subject of disciplinary proceeding in any State (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my occupation;
- My registration in any State or Territory is not cancelled or currently suspended as a result of disciplinary action;
- I am not otherwise personally prohibited from carrying on the occupation(s) for which registration is sought in any State or Territory and I am not subject to any special conditions in carrying out that occupation as a result of criminal, civil or disciplinary proceedings in any State or Territory;
- I give the Northern Territory Building Practitioners Board consent to make any inquiries and/or exchange information with the authorities of any State or Territory regarding my activities in the occupation(s) for which registration is sought or otherwise regarding matters relevant to this application.
- I acknowledge that information (name, business address and telephone number) will be placed on a register open to the public;
- I accept that failure to supply information required on this form may delay processing of this application;
- I understand and acknowledge my legal obligations under the *Building Act* if registration is granted;

And I 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 _____ (place where the declaration is made) on the _____ day of _____ 20____.

Signature (person making the declaration)

Signature of Witness

Full 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.

Copy of Interstate Registration

A copy of your individual contractors licence from the relevant interstate body.

Net Assets Certificate from Accountant (original required) - (Building Contractor only)

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 Insurance Certificate (Certifying Engineer, Building Certifier, Certifying Plumber & Drainer (Design) only)

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.

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.

Identification

For identification purposes a copy of your birth certificate, passport, drivers licence and Medicare card or other acceptable documentation must be attached to this application. A copy of the Board's identification policy is available online at <http://www.bpb.nt.gov.au>

Photograph (optional)

Passport photograph to be included in the application if you wish to be issued a registration card.

Application Fee

Complete credit card details on page 4 of the application or enclose cheque made out to RTM.

FOR OFFICE USE ONLY			
Receipt Number	<input type="text"/>	Date	<input type="text"/>
Amount	<input type="text"/>	Received By	<input type="text"/>

The completed form, attachments and fee should be addressed to The Registrar, Building Practitioners Board

LODGEMENT DETAILS	
Applications can be lodged at a Territory Business Centre with the prescribed fee at:	
<p>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</p>	<p>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</p>
<p>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</p>	<p>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</p>