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| Application for registration as a building practitioner – Individual certifying engineer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use this form to apply for registration as an individual building certifier in accordance with Section 23 of the [*Building Act 1993*](https://legislation.nt.gov.au/en/Legislation/BUILDING-ACT-1993).  Please see the building practitioner’s board [website](https://bpb.nt.gov.au/application-forms) for further information about the application process and the relevant fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration category** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structural | |  | | | | | | Hydraulic | | |  | | | | | | Mechanical | | | | | | |  | | | | |
| **Applicant details** (please note the postal address will be listed on the public register of building practitioners) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | | | Date of birth | | | | | |  | | | | | | |
| Given name/s | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered business / trading name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Business 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 | | | |  | | | | | | | | Mobile number | | | | | |  | | | | | | | | | | |
| Email address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have answered yes to any of the questions below, please provide details and copies of all relevant documentation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you an undischarged bankrupt or have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you in the last 10 years been convicted of a criminal offence (other than a minor traffic offence) or are any court proceedings pending? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever been disqualified from holding an occupational licence or certificate, or had an occupational licence or certificate cancelled, suspended or refused (including interstate licences, certificates or registrations)? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever held or do you currently hold a registration as a building practitioner in any other jurisdiction? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide category, jurisdiction & date last registered below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant consent for document verification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - <https://www.idmatch.gov.au>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that I am authorised to provide the personal details presented and I consent to the document details I’ve provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service. | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| **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 have read and understood the information contained in this application and associated guidelines and accept that failure to supply information required on this form may delay processing of this application; * I give the Building Practitioners Board consent to make any inquiries and to receive and disclose information which is relevant to my ongoing eligibility to be registered as an architect; * I acknowledge that information (name, business address and telephone number) will be placed on a public register; * I understand and acknowledge my legal obligations under the *Building Act 1993* if registration is granted; and * I know that it is an offence to make a declaration which 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualification requirements checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [application forms](https://bpb.nt.gov.au/application-forms) page for current fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Photo ID attached.   * Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Completed and signed declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Copy of current Certificate of Professional Indemnity Insurance attached (as per below schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * Building Certifier Unrestricted, Certifying Engineer Structural and Certifying Plumber & Drainer Design | | | | | | | | | | | | | | | | | | | - $1,000,000 | | | | | | | | |
| * Building Certifier Residential | | | | | | | | | | | | | | | | | | | - $1,000,000 | | | | | | | | |
| * Certifying Engineer Mechanical, Certifying Engineer Hydraulic and Certifying Architect | | | | | | | | | | | | | | | | | | | - $1,000,000 | | | | | | | | |
| **Note 1**: 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.  **Note 2:** If you are using your employer’s insurance, your employer must also be registered as a building practitioner in the Northern Territory in the same category. You will also have a restriction on your registration stating that you are restricted to projects on behalf of your employer only. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualification.** Provide a copy of:   * A qualification required for membership of the Institution of Engineers, Australia as a professional engineer eligible to use the post nominal MIEAust, including the transcript.  **OR** * A Certificate of Registration in the **relevant** category (structural engineer or mechanical engineer) on the National Engineering Register (NER). NER is not applicable if applying for hydraulic category). | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Evidence of Experience:** (Not required if providing NER structural/mechanical engineer qualification)  At least five (5) years practical experience, including 12 months practical experience in design and 12 months practical experience in supervision, relevant to the sub-category applied for.  The below must be attached:   * Resume detailing your work experience and employment history addressing the requirements of the experience criteria in the category being applied for including:   + All aspects of experience i.e. Design, on-site construction supervision etc. are to be indicated; and   + Specific description of projects must also be provided, detailing your level of involvement in these projects and the dates of commencement and completion. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * Minimum 3 current written reference(s) from registered practitioners on company letterhead, signed and dated (preferably registered in the Northern Territory) attached that confirms your recent experience listed on your resume. At least one of these references must be independent to your place of employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Privacy Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government and the Building Practitioners Board respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Information Act 2002* (NT).  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 the Territory Business Centre and Occupational Licensing 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 *Information Act 2002* (NT), or the Office of the Information Commissioner NT.  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 for the public to access via our internet site or upon request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies - in person/mail); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |