

# NORTHERN TERRITORY OF AUSTRALIA BUILDING PRACTITIONERS BOARD

## Application for Renewal of Building Practitioner Registration - Individual

Use this form to apply to renew your individual registration as a building practitioner in accordance with section 24E of the [Building Act 1993](#).

Please see the building practitioner's board website for further information about the application process and the relevant fee.

### Applicant details

|              |  |               |  |
|--------------|--|---------------|--|
| Surname      |  | Date of birth |  |
| Given name/s |  |               |  |

### Current practitioner registration details

| Current Registration category                  |                          | Registration No. | Expiry date |
|------------------------------------------------|--------------------------|------------------|-------------|
| Building Contractor Residential (Restricted)   | <input type="checkbox"/> |                  |             |
| Building Contractor Residential (Unrestricted) | <input type="checkbox"/> |                  |             |
| Building Contractor Commercial (Restricted)    | <input type="checkbox"/> |                  |             |
| Building Contractor Commercial (Unrestricted)  | <input type="checkbox"/> |                  |             |
| Certifying Plumber and Drainer                 | <input type="checkbox"/> |                  |             |
| Certifying Engineer (Structural)               | <input type="checkbox"/> |                  |             |
| Certifying Engineer (Mechanical)               | <input type="checkbox"/> |                  |             |
| Certifying Engineer (Hydraulic)                | <input type="checkbox"/> |                  |             |
| Building Certifier (Residential)               | <input type="checkbox"/> |                  |             |
| Building Certifier (Unrestricted)              | <input type="checkbox"/> |                  |             |
| Certifying Plumber and Drainer (Design)        | <input type="checkbox"/> |                  |             |
| Certifying Architect                           | <input type="checkbox"/> |                  |             |

If you hold multiple registrations, do you wish to align these to have the same expiry date?  
Please note, aligning these dates may require you to forfeit a period of your registration(s).

☐

### Contact address (please note the postal address will be listed on the public register of building practitioners)

|                 |  |       |  |          |  |
|-----------------|--|-------|--|----------|--|
| Contact address |  |       |  |          |  |
| Suburb          |  | State |  | Postcode |  |

Is your postal address the same as above? If no, complete below.

|                |  |       |  |          |  |
|----------------|--|-------|--|----------|--|
| Postal address |  |       |  |          |  |
| Suburb         |  | State |  | Postcode |  |

### Contact details (mandatory fields)

|               |  |               |  |
|---------------|--|---------------|--|
| Phone number  |  | Mobile number |  |
| Email address |  |               |  |

| Business details (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered business/trading name                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| Registration expiry date                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| Disclosures - Fit and Proper                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| <p>To assist the Building Practitioners Board all applicants are required to comply with section 24F(1) of the <i>Building Act 1993</i> and must prove they are fit and proper persons to be registered.</p> <p>If you have answered yes to any of the questions below, please provide details and copies of all relevant documentation.</p>                                                                                                               |          |
| 1. In the last 5 years, have you been declared or become, or are currently, an undischarged bankrupt or entered into any current Part IX agreement or Part X arrangement or agreement under the <i>Bankruptcy Act 1966</i> ?                                                                                                                                                                                                                               | Yes / No |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 2. In the last 5 years, have you 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.                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 3. In the last 4 years, have you 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.                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 4. In the last 4 years, in respect of any work you have done in an equivalent position, have you been fined, reprimanded or cautioned for any breach of rules, professional conduct or code of ethics?                                                                                                                                                                                                                                                     | Yes / No |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 5. In the last 5 years, have you 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.                                                                                                                                                                                                                                                                                                                                                                                                                             |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 6. Have you ever held or do you currently hold a registration as a building practitioner in any other state?                                                                                                                                                                                                                                                                                                                                                                                          | Yes / No |
| If yes, please provide category, state and date last registered.                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| <b>Disclosures - Past performance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| To assist the Building Practitioners Board all applicants are required to comply with section 24F(1)(d) of the <i>Building Act 1993</i> by reporting on satisfactory past performance. If you have answered yes to any of the questions below, please provide details and copies of all relevant documentation.<br><b>Note:</b> the below questions apply to you as an Individual and/or as a Nominee if you are the registered nominated practitioner for a Northern Territory company registration. |          |
| 1. In the past 4 years, have you been party to a dispute concerning building work with any client or subcontractor in any court proceedings (whether in Australia or elsewhere) or through the Office of Consumer Affairs, Commissioner of Residential Building Disputes, or the Community Justice Centre?                                                                                                                                                                                            | Yes / No |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 2. In the past 4 years, have you been party to rapid adjudication proceedings under the <i>Construction Contracts (Security of Payments) Act 2004</i> (or equivalent in Australia or elsewhere)?                                                                                                                                                                                                                                                                                                      | Yes / No |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 3. In the past 4 years, have you received notification from the Director of Building Control concerning a complaint pursuant to section 29 of the <i>Building Act 1993</i> (or equivalent in Australia or elsewhere)?                                                                                                                                                                                                                                                                                 | Yes / No |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 4. In the past 4 years, have you been the subject of an audit conducted by the Director of Building Control pursuant to section 34A of the <i>Building Act 1993</i> (or equivalent in Australia or elsewhere)?                                                                                                                                                                                                                                                                                        | Yes / No |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 5. In the past 4 years, have you been the subject of an investigation or inquiry concerning building work (or equivalent in Australia or elsewhere)? Please include an investigation or inquiry by a professional body such as the Australian Institute of Building Surveyors, Engineers Australia, Australian Royal Institute of Architects or associations such as Master Builders Association or Housing Industry Association.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes / No  |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |
| 6. In the past 4 years, has any claim under your professional indemnity insurance, or under a Residential Building Cover Scheme (or an equivalent scheme in Australia or elsewhere) been allowed or rejected?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes / No  |
| If yes, provide details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |
| <b>Applicant declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
| I, (full name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |
| <p>Do solemnly and sincerely declare that:</p> <ul style="list-style-type: none"> <li>• All statements and information contained in this application are true and correct to the best of my knowledge and all the attachments are in original or a complete and accurate copy of the original by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>;</li> <li>• 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;</li> <li>• I give the Northern Territory Building Practitioners Board and Occupational Licensing and Systems consent to make any inquiries and to receive and disclose information which is relevant to my initial and ongoing eligibility to be registered as a building practitioner;</li> <li>• I acknowledge that information (name, contact address and telephone number) will be placed on a public register;</li> <li>• I understand and acknowledge my legal obligations under the <i>Building Act 1993</i> if registration is granted; and</li> <li>• I know that it is an offence to make a declaration which is false in any material particular.</li> </ul> |           |
| This declaration is made at (location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on (date) |
| Applicant signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| <p><b>Note:</b> Under the <i>Oaths, Affidavits and Declarations Act 2010</i> 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |

| Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Prescribed fee – See the <a href="#">application forms</a> page for current fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| Application complete entirely and unattested declaration signed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| Supporting documents if you ticked YES to any disclosure questions above.<br>Where a matter has concluded please provide full details. Where the matter is still ongoing, provide full detail and the current status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| Current licence or permit issued by the Commonwealth, State or Territory government.<br>For example: Drivers licence, passport, evidence of age card, firearms licence, working with children's card etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Change of Name Certificate (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |
| ASIC Business name extract showing ownership and currency of registration (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Project List - provided at page 7 of this form – outlining each project you have been involved with over the past five (5) years, anywhere in Australia.<br><b>Note:</b> If you have not completed any projects you must provide a letter to the Board explaining why no projects have been completed, how you have kept your skills fresh in the industry and why you still require to hold a registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |
| Copy of current NT Advanced Tradesman Licence (Certifying Plumber & Drainer only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| <b>Net Tangible Asset Certificate - (Building Contractor only)</b> <ul style="list-style-type: none"> <li>You must provide an original Net Assets Certificate, as certified by a registered accountant, declaring that you (Individual name) have "Net Tangible Assets" of \$50,000 or more, as required by the <i>Building Regulations 1993</i>. You must maintain at least that minimum amount during the entire period of registration.</li> </ul> <b>Note:</b> The Building Practitioners Board can at any time 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 of the Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| <b>Professional Indemnity Insurance</b><br>(Certifying Engineers, Building Certifiers and Certifying Plumber and Drainer (Design) only)<br>You must provide a Professional Indemnity Insurance Certificate of Currency of a minimum \$1 000 000 for the below practitioner categories: <ul style="list-style-type: none"> <li>Building Certifier (Residential) and (Unrestricted)</li> <li>Certifying Engineer (Structural), (Mechanical) and (Hydraulic)</li> <li>Certifying Plumber &amp; Drainer (Design)</li> <li>Certifying Architect</li> </ul> <b>Note 1:</b> 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.<br><b>Note 2:</b> 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. | <input type="checkbox"/> |

**Disclaimer**

The Building Practitioners Board and 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* and the *Building Act 1993*.

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 Systems 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.

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.

# NORTHERN TERRITORY OF AUSTRALIA BUILDING PRACTITIONERS BOARD

## NORTHERN TERRITORY OF AUSTRALIA - BUILDING PRACTITIONERS BOARD SAMPLE PROJECT LIST

| Building Practitioner Name                                                                                                                                                                                                                                                             |                       |                                                                                             |                                    |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|
| Please provide details of the building or certification projects you have completed in the past 5 years in the NT and/or elsewhere.<br>If no projects have been completed then you must provide a letter to the Board explaining why no projects have been completed during this time. |                       |                                                                                             |                                    |                               |
| Project Completion Date                                                                                                                                                                                                                                                                | Project Address       | Specific Details of Works                                                                   | Building Permit/ Section 40 Number | Your role                     |
| <i>Example</i><br>July 2007                                                                                                                                                                                                                                                            | 38 Cavenagh St Darwin | Built new 3 bedroom ground level house from beginning to end.<br>Included contracts, etc... | 590/1460/2                         | Principal building contractor |
|                                                                                                                                                                                                                                                                                        |                       |                                                                                             |                                    |                               |
|                                                                                                                                                                                                                                                                                        |                       |                                                                                             |                                    |                               |
|                                                                                                                                                                                                                                                                                        |                       |                                                                                             |                                    |                               |
|                                                                                                                                                                                                                                                                                        |                       |                                                                                             |                                    |                               |
|                                                                                                                                                                                                                                                                                        |                       |                                                                                             |                                    |                               |