

Automatic mutual recognition notification - Electrical

By using this form, you are notifying of your intent to work in the Northern Territory under Part 3A of the [Mutual Recognition Act 1992](#).

Individuals who hold a valid and current occupational registration or licence in another state or territory are able to apply for automatic mutual recognition (AMR) in the Northern Territory (NT) without needing to pay additional fees or apply for a separate registration.

While working in the NT, you are required to comply with all relevant NT legislation, including only working within the scope of work that you are authorised to do so under your interstate licence or registration.

Please read the form carefully as some occupations need to supply extra information, such as evidence of employer details*.

If you intend to change your home state to the NT, you are required to apply for the relevant licence in the NT. Fees may apply. Please note: companies and property agent sole traders **cannot** apply under AMR.

1. Licence type

Electrical Contractor (Individual) <input type="checkbox"/>	Unrestricted Electrical Mechanic* <input type="checkbox"/>
Unrestricted Electrical Mechanic and Fitter* <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Restricted – air-conditioning and refrigeration equipment work <input type="checkbox"/>	Restricted – disconnect and reconnect work (basic electrical equipment) <input type="checkbox"/>
Restricted – disconnect and reconnect work (water heaters) <input type="checkbox"/>	Restricted – disconnect and reconnect work (explosion protected equipment) <input type="checkbox"/>
Restricted – disconnect and reconnect work (self-propelled, high voltage earthmoving equipment) <input type="checkbox"/>	Restricted – domestic appliances and equipment work <input type="checkbox"/>
Restricted – electrical cable jointer work* <input type="checkbox"/>	Restricted – electrical fitter work* <input type="checkbox"/>
Restricted – electrical line work (distribution)* <input type="checkbox"/>	Restricted – electrical line work (transmission)* <input type="checkbox"/>
Restricted – electronics and communication equipment work <input type="checkbox"/>	Restricted – fire protection equipment work <input type="checkbox"/>
Restricted – gas equipment work <input type="checkbox"/>	Restricted – instrumentation and process control equipment work <input type="checkbox"/>
Restricted – maritime operations work <input type="checkbox"/>	Restricted – specialised commercial and industrial equipment work <input type="checkbox"/>
Restricted – water plumbing equipment work <input type="checkbox"/>	Restricted – other <input type="checkbox"/>

2. Applicant details

Surname				Date of birth	
Given name/s					
Residential address					
Suburb		State		Postcode	
Is your postal address the same as above? If no, complete below.					
Postal address					
Suburb		State		Postcode	

3. Contact details

Phone number		Mobile number	
Email address			

4. Current licence details

You **MUST** maintain a current equivalent interstate licence at all times in order to maintain automatic mutual recognition. If your interstate licence expires, you no longer have automatic mutual recognition. Specify below **all** states or territories for which a substantive licence for the equivalent occupation(s) is held. **Note:** If you renew your equivalent interstate licence, you need to provide a copy of the renewed interstate licence to ensure deemed recognition continues in the NT

State	Licence held	Licence no.	Expiry date

5. Licence conditions

Do any licence conditions apply to your current registration(s) in any Australian State or Territory?

6. Previous or current AMR notifications

Have you previously applied, or been approved, for deemed registration in the Northern Territory or any other Australian State or Territory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, please select below each State or Territory you are currently working in under AMR.						
NT <input type="checkbox"/>	NSW <input type="checkbox"/>	VIC <input type="checkbox"/>	WA <input type="checkbox"/>	TAS <input type="checkbox"/>	SA <input type="checkbox"/>	ACT <input type="checkbox"/>

7. Employer details* (applicable licence type only)

Please complete your employer details below if applying for an occupation listed above with an *. Please note your employer must be licensed in the NT to be eligible.

Business name						
NT licence number		Expiry date				
Contact person						
Business address						
Suburb		State		Postcode		
Phone number		Mobile number				
Email address						

8. Disclosure of information

Are you the subject of any disciplinary proceedings in any Australian State or Territory (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the specific occupation(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide details below

Has your licence in another Australian State or Territory been cancelled or suspended as a result of disciplinary proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide details below

Are you prohibited or restricted from carrying on the specified occupation(s) in any Australian State or Territory for which registration is sought?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide details below

Are you subject to any special condition in carrying out the specified occupation(s) as a result of criminal, civil or disciplinary proceedings in any Australian State or Territory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide details below

Note: If you have answered yes to any of the questions above, you may not be eligible for automatic mutual recognition.

9. Applicant declaration

I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> • All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and • I am licensed as specified in the application and am seeking automatic deemed registration in the NT in accordance with the mutual recognition principle; and • I have declared any special condition to which I am subject in carrying on the occupation(s); and • I consent to the making of inquiries of, exchange of information with the authorities of the Australian States and/or Territory, regarding my activities in the relevant occupation(s) or otherwise regarding matters relevant to this application; and • I will notify NT WorkSafe within 7 days of any conviction in a court of law or disciplinary action in my home state; and • I will notify NT WorkSafe within 7 days of any change to my address or contact details; and • I understand that if my current equivalent interstate licence expires, is suspended or cancelled, I no longer have substantive recognition in the Northern Territory; • I understand my information will be listed on the automatic mutual recognition website; and • I understand that it is an offence to make a declaration that is false in any material particular. 			
This declaration is made at (location)		On (date)	
Applicant signature			
<p>Note: 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>			

Receiving correspondence

I wish to receive correspondence relating to my notification by one of the below methods.			
Post	<input type="checkbox"/>	Email	<input type="checkbox"/>
		Collection	<input type="checkbox"/>

Supporting documents

Current photo ID attached - Passport, Australian driver's licence or evidence of age card	<input type="checkbox"/>
Copy of your current interstate licence/s or registration/s attached.	<input type="checkbox"/>
Completed form and signed declaration	<input type="checkbox"/>

Disclaimer

The 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*.

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 Associations 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.

Lodgement

Complete applications can be lodged in person, email or via post at NT WorkSafe below.

Phone: 1800 019 115

Email: ntworksafe@nt.gov.au

Postal: GPO Box 9800 Darwin NT 0801

In person: Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah NT