Use this form to apply for a gasfitters licence in accordance with Regulation 173, 174 and 201 of the Dangerous Goods Regulations 1985.

Refer to guide to gasfitter licence application for further information. For the relevant application fee, visit the licensing fees and charges webpage.

**Application type:**

New  Renewal  Reciprocal

**Licence type:**

General Gasfitter  Gasfitter Type B – Appliance  Auto Gasfitter  Provisional (General Gasfitter only)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given names: | |  | | | | | | | | | | | | | | | | | | Date of birth: | | | | | | | | |  | | | | | | | | | | | | | | |
| Residential address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | | State: | | | | | | | | | |  | | | | | | | | Postcode: | | | | | | | |  | | | |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | | |  | | | | | | | | | | | | |
| Postal address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | | | | | | | | |  | | | | | | | | | | Postcode: | | | | | |  | | | | |
| Home number: | |  | | | | | | | | | Mobile number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Disclosure of information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever had a licence or certificate of competency issued by a Regulatory Authority cancelled, suspended or refused? (If yes, please complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | No | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Employer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current employer name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor name: | | | |  | | | | | | | | | | | Phone number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Previous employer name (if applicable): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor name: | | | |  | | | | | | | | | | | Phone number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 1. **Reciprocal requirements** (Reciprocal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach a copy of the front and back of your current interstate gasfitters licence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Interstate licence number: | | | | |  | | | | | | | | | | | | Expiry date: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Provisional requirements** (Provisional only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section must be completed by the NT licensed gasfitter who will supervise your work whilst you hold a provisional licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor name: | | |  | | | | | | | | | | | | | Licence number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Supervisor signature: | | |  | | | | | | | | | | | | | Date: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Competency training** (New only – excluding provisional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For the relevant licence you are applying for, attach copies of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General gasfitter** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence of two years practical experience, including but not limited to:   * Certificates of compliance * Letter from employer * Contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Completion of **Certificate** **III** in Gas Fitting including the completion of the following units of competency:   * CPCPCM2049A - Cut using oxy-LPG-acetylene equipment * CPCPCM3022A - Weld polyethylene and polypropylene pipes using fusion method * CPCPCM3023A - Fabricate and install non-ferrous pressure piping * CPCPGS3052A - Maintain Type A gas appliances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Completion of the below units from **Certificate** **IV** in Plumbing Services:   * CPCPCM4011A - Carry out work-based risk control processes * CPCPCM4012A - Estimate and cost work * CPCPGS4011C - Design and size consumer gas installations * CPCPGS4022A - Service Type A gas appliances. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Gasfitter Type B - Appliance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence of three years practical experience, including but not limited to:   * Certificate of compliance * Letter from employer * Contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Completion of the below unit of competency:   * CPCPGS4023B Install, Commission and Service Type B gas appliances; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Evidence of completion of an apprenticeship/qualification in either:   * Gasfitting, Electrical, Engineering or Mechanical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Auto gasfitter** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence of three months practical experience, including but not limited to:   * Certificate of compliance * Letter from employer * Contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Completion of the below course:   * Installation of autogas systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Completion of an apprenticeship/qualification in:   * Motor mechanic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 1. **Evidence of continual work and competency** (Renewal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach certificates of compliance issued; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Attach a letter from your employer/supervisor stating your practical or continual experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 1. **Proof of identity (ID)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicants **must attach** either one of the following combinations:   * One primary and two secondary documents; or * Two primary and one secondary documents from the list below.   ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact NT WorkSafe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | |
| Australian birth certificate/card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Australian citizenship certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Australian drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children’s card etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Proof of Age Card issued by an Australian State or Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Identity document issued by an Aboriginal Land Council that has your photograph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Secondary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | |
| Photo ID card showing you are a Commonwealth, State or Territory Government employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Medicare, centrelink or health care card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Credit card or debit card – one per bank only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Council rates notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Utilities notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Foreign drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | Post | | | | | | | | | |  | | | | | | | | Collection | | | | | | | | | |  | | | | | | |
| 1. **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the information in this application and any documentation attached is complete and true to the best of my knowledge. I declare that I have adequate theoretical and practical knowledge and adequate skills to carry out the class and scopes of gasfitting applied for.  I consent to the Work Health Authority making enquiries and exchanging information with other regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application. NT WorkSafe may also disclose your licence status to third parties who wish to verify your licence. Licence status refers to the issue and expiry date as well as any classes or conditions of your licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | |  | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence requirements** | | | | | | | | | | | | | | | | | | | | | | | | | **New** | | | | | | | | | **Reciprocal** | | | | | | | | **Renewal** | |
| Application is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) page) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| One clear, passport size photograph no more than 6 months old attached. Alternatively photographs can be taken at any Territory Business Centre | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| Proof of identity documents attached | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| Copy of competency training and practical experience attached (section 6) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | N/A | | | | | | | | N/A | |
| Certificates of compliance issued attached | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | N/A | | | | | | | |  | |
| Letter from your employer/supervisor stating your practical or continual experience attached | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | N/A | | | | | | | |  | |
| Copy of front and back of current interstate gasfitting licence attached | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | | | | | | | N/A | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act 2002.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin** | Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah NT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Katherine** | Katherine Government Centre - 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alice Springs** | Ground floor, The Green Well building, 50 Bath Street. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tennant Creek** | Shop 2, Barkly House, Cnr Davidson and Patterson Street. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 193 111 | | | | | | **Email:** [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | | **Postal:** 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); 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: |  | | | | | | Receipt number: | | |  | | | | | | | | | | | | Amount paid: | | | | | | | | | | | | |  | | | | | | | | |