

# Contractor's Licence Application

*Occupational Licensing Act 2005*

**SERVICE TASMANIA** (Office use only)

Product Code: **OCCLIC**

**PLEASE INDICATE THE PRIMARY OCCUPATION (I ONLY) YOU ARE APPLYING FOR:**

Electrical Contractor\*\*     Plumbing Contractor     Gasfitting Contractor     Auto Gas Contractor

**PLEASE INDICATE THE SECONDARY OCCUPATION(S) YOU ARE APPLYING FOR (IF APPLICABLE):**

Electrical Contractor\*\*     Plumbing Contractor     Gasfitting Contractor     Auto Gas Contractor

**\*\*Note:** If the business is undertaking electrical contracting work in cable jointing and/or lineworking, please indicate

## BUSINESS DETAILS

Entity:     Sole Trader     Partnership     Company     Other (Specify) \_\_\_\_\_

Company Name: \_\_\_\_\_ Company ACN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Business/Trading Name: \_\_\_\_\_ Business ABN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Business Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

### OWNER/BUSINESS MANAGER DETAILS:

*(if your entity is a Partnership or Company – please attach a separate sheet listing partners or company directors)*

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

### INSURANCE PARTICULARS:

Please list details below and provide a copy of Certificate of Currency of your current Public and Products Liability Insurance covering liability for personal injury and damage to property for an amount of at least \$5,000,000 for any one occurrence in respect of Public Liability **and** in the annual aggregate in respect of Products Liability. **The name of the "Insured Party" listed on the Certificate of Currency must reflect the trading name that you nominate for the contractor licence.**

Insurance Company: \_\_\_\_\_

Insured Party: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Period of Cover: \_\_\_\_\_ From / / To / /

## PLEASE ANSWER THE FOLLOWING QUESTIONS

### I. Mutual Recognition (Licence held in another State or Territory of Australia)

If applicable, please supply details of your current contractor's licence (or equivalent) held outside Tasmania. Please attach a copy of your current licence.

Class of Licence: \_\_\_\_\_

Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ State/Territory: \_\_\_\_\_

Not applicable, not applying through Mutual Recognition.

## 2. Convictions/Legal Action

- (a) In the last five years has the owner(s)/director(s) of the company/business ever been convicted of an offence involving dishonesty?  No  Yes (*attach details*)
- (b) In the last five years has the owner(s)/director(s) of the company/business settled a civil legal action or had a civil judgment given against them in their capacity as a contractor?  No  Yes (*attach details*)
- (c) In the last five years has the owner(s)/director(s) of the company/business been convicted or punished for any breach of any Act or Regulation governing the carrying-out of prescribed work in or outside Tasmania?  No  Yes (*attach details*)
- (d) In the last five years, under any law regulating the carrying out of prescribed work, has the owner(s)/director(s) of the company/business been refused, cancelled, suspended or disqualified from holding an occupational licence or registration in or outside Tasmania?  No  Yes (*attach details*)
- Type of Licence: \_\_\_\_\_  
Licence No: \_\_\_\_\_  
State/Territory: \_\_\_\_\_

## 3. Insolvency/Bankruptcy

- (a) Are the owner(s)/director(s) of the company/business currently insolvent, been bankrupt or have assigned their estate for the benefit of creditors?  No  Yes (*attach details*)
- (b) If a company, is the company insolvent or in receivership?  No  Yes (*attach details*)

### SUPPORTING DOCUMENTATION

Please supply a copy of the following to your application and tick the box to indicate that the support documentation is attached:

- Partnership/Company details of each partner and/or director
- If a company – Certificate of the Registration of a Company (*issued by ASIC*)
- If a business - Certificate of the Registration of a Business Name (*issued by Dept of Consumer Affairs & Fair Trading or interstate equivalent*)
- Certificate of Currency of Insurance
- Copy of interstate contractor's licence (or equivalent)
- Nominated Manager Information completed on Pages 2-3 **and** documentation attached if required. **It is compulsory that all contractor applications provide Nominated Manager information.**

### NOMINATED MANAGER DETAILS

A contracting licence cannot be approved without the suitable appointment of an individual(s) to the role of Nominated Manager. The individual(s) must satisfy the requirements set under the *Occupational Licensing Act 2005*. **To be considered, the Nominated Manager must complete the section(s) below that relates to the occupation and/or class of licence being applied for.** For further information go to: [www.wst.tas.gov.au/ola](http://www.wst.tas.gov.au/ola)

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Tasmanian or interstate Licence/Registration/Certificate No: \_\_\_\_\_ (*please attached a copy*)

## Nominated Manager – Electrical - You must satisfy either Q1 or Q2 to be eligible

**1. Have you been a Nominated Manager in Australia within 3 years of this application?**

**Yes** (give details below)

**No** (go to Question 2)

Contractor Name: \_\_\_\_\_

Contractor Number: \_\_\_\_\_ Contact Tel. Number: \_\_\_\_\_

State/Territory: \_\_\_\_\_ Years of Experience in this position: \_\_\_\_\_

**2. As the proposed Nominated Manager have you completed a course of training through a Registered Training Organisation in the management of an electrical contractor's business in the last 3 years?**

**Yes** (give details and supply a copy of your statement of results)

**No** (if you answered 'No' to Q1 and Q2 then you do not meet the Nominated Manager requirements)

Course Name: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_

Name of Registered Training Organisation: \_\_\_\_\_

## Nominated Manager - Plumbing, Gasfitting or Automotive Gasfitting

**To be eligible to undertake the role of Nominated Manager an applicant must hold a current Plumber and/or Gasfitter Certifier licence in the relevant class(es) without any restriction(s) or condition(s).**

**Please indicate the class(es) of licence the Nominated Manager will be taking responsibility for:**

| Plumber Certifier                                     | Gasfitter Certifier                             |  | Automotive Gas Certifier                |
|---|---|--|---|
| <input type="checkbox"/> Sanitary Plumbing            | <input type="checkbox"/> Natural Gasfitter (NG) | <input type="checkbox"/> Type B Standard Level 1 | <input type="checkbox"/> Motor Vehicles |
| <input type="checkbox"/> Water Plumbing               | <input type="checkbox"/> LP Gasfitter (LPG)     | <input type="checkbox"/> Type B Standard Level 2 | <input type="checkbox"/> Forklift       |
| <input type="checkbox"/> Drainage Plumbing            |   | <input type="checkbox"/> Type B Standard Level 3 |   |
| <input type="checkbox"/> Roof Plumbing                |   |  |   |
| <input type="checkbox"/> Mechanical Services Plumbing |   |  |   |

**1. As the proposed Nominated Manager do you hold a current Tasmanian Plumbing and/or Gasfitting Certifier licence without restriction(s) or condition(s) imposed?**

**No** (go to Question 2)

**Yes** (provide details of your current licence – you do not need to provide any further information. Go to Applicant Declaration if you are signing as the applicant.)

Current Practitioner Certifier Licence No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**2. As a currently unlicensed Plumber and/or Gasfitter Certifier have you held either registration or a licence as a plumber or gasfitter certifier within Australia in the last 3 years?**

**Yes** (give details of your lapsed registration/licence below)

Previous Licence No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ State/Territory: \_\_\_\_\_  
*(if you do not hold a current Tasmanian Certifier licence then you need to apply by completing a Practitioner Licence Application. This can be found at [www.wst.tas.gov.au](http://www.wst.tas.gov.au) – search for GF111 "Practitioner Licence Application".*

**No – I held a registration/certification/licence over 3 years ago** (you cannot undertake the Role of Nominated Manager until you have undergone an assessment by an RTO (Skills Institute) of your current competencies.

**No – I had never held registration or a licence as a Plumber/Gasfitter Certifier** (you do not qualify for the role of Nominated Manager and as a result another licensed Certifier will need to be appointed).

## APPLICANT DECLARATION

I solemnly and sincerely state that the content of this application is true and correct.

Stated at ..... on this ..... day of ..... 20.....

Name (applicant) ..... Signature (applicant) .....  
 (print)

Before me,

Name (witness): ..... Signature (witness) .....  
 (print)

Fees applicable from 1 July 2011 (There is no GST component) **Contractor Licences are for a period of 1 year**

|  |          |
|--|----------|
| PRIMARY OCCUPATION – Electrical, Gasfitting and Automotive Only      | \$462.00 |
| SECONDARY OCCUPATION(S) – Electrical, Gasfitting and Automotive Only | \$140.00 |
| Note: There are currently no fees applicable to plumbing licences    |          |

**Tasmanian Applicants**

Application form including supporting documentation and payment **must** be lodged at a Service Tasmania Shop.

**Interstate/New Zealand Applicants Only**

Mail original application form, cheque, money order or credit card details and supporting documents listed on Page 2 to:  
 Workplace Standards Tasmania  
 PO Box 56, ROSNY PARK TAS 7018

**Credit Card Payment (Interstate/New Zealand Applicants Only)**

|                                       |                                     |                                   |                       |
|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------|
| Credit Card Details:                  | Mastercard <input type="checkbox"/> | Visacard <input type="checkbox"/> | Amount Paid: \$ _____ |
| Credit Card Number:                   | <input type="text"/>                | <input type="text"/>              | <input type="text"/>  |
| Cardholder's Name:<br>(Block Letters) | Phone No:                           | Card Expiry Date: ____/ ____      | Signature:<br>_____   |

Personal information we collect from you for licensing processes will be used by Workplace Standards Tasmania for that purpose and may be used for other purposes permitted by the Occupational Licensing Act 2005 and associated laws. Your personal information may be disclosed to contractors and agents of the Workplace Standards Tasmania; law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.