



NOTICE FOR REGISTRATION IN WESTERN AUSTRALIA OF EQUIVALENT OCCUPATION - LAND VALUER

Land Valuers Licensing Act 1978 & Mutual Recognition 1992 (Commonwealth)

1. DETAILS OF APPLICANT

SURNAMEMr/Mrs/Miss/Ms

GIVEN NAMES

Have you been known by any other names (name at birth, married name, alias)? YES / NO
If you have been known by other names, please attach a page giving details of those names and reasons for the changes.

DATE OF BIRTH

RESIDENTIAL ADDRESS

Suburb/TownPostcode

Current address for purposes of the Register*

Suburb/TownPostcode

*This address will be publicly available. Please provide address at which you can be contacted for the purposes of the Act. Can be residential address, post office box address or 'care of' address with a third party (e.g. solicitor or accountant).

CONTACT NUMBERS: Work..... Mobile
Home.....Fax

EMAIL ADDRESS:

(a) Are you intending to carry on business in your own right as a land valuer? YES / NO

If "Yes": Registered business name (if applicable):

Registered business Number.....

Address:

Suburb/Town Postcode

(b) Are you a director, partner or employee of a company or firm? YES / NO

If "Yes": Name of company or firm:

ACN or Registration Number:

Role: DIRECTOR / PARTNER / EMPLOYEE

Address:

Suburb/Town Postcode

(c) Are you employed in a department of the public service of the State or Commonwealth or by a statutory authority, agency or instrumentality of the Crown in right of the State or Commonwealth? YES / NO

If "Yes": Name of department, authority, agency or instrumentality:

Address:

Suburb/Town Postcode

2. APPLICATION

I give notice for the purpose of seeking to be Licensed in accordance with the Mutual Recognition principle as a Land Valuer for the purpose of the *Land Valuers Licensing Act (1978) (WA)*.

3. DETAILS OF CURRENT EQUIVALENT LICENCE OR REGISTRATION

Specify all the States in which you currently hold or previously held registration for this occupation.

State/Territory	Occupation Registration/Licence	Registration/ Licence No.	Current (Yes/No)

A COPY OF THE CURRENT LICENCE/REGISTRATION MUST ACCOMPANY THIS NOTICE.

4. CONDITIONS

(a) Are there any special conditions that apply to your Licence/Registration in any other state? **YES/ NO**

If so, please give details:

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(b) If you answered yes to (a), please detail your experience as a land valuer, to enable Consumer Protection to determine equivalent conditions to apply to your licence in Western Australia (attach extra pages as required).

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(c) If you answered yes to (a), in what areas do you expect to be working in Western Australia?

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5. STATUTORY DECLARATION

In relation to the occupation for which registration is sought

I,
(Full Name)

of
(Address)

do solemnly and sincerely declare that:

- (a) I am licensed for the occupation listed in item 2 above.
- (b) I am seeking to be licensed in accordance with the principles of mutual recognition.
- (c) I have specified in item 3 above all of the States and Territories in which I hold a licence that is equivalent to the Western Australian *licence*.
- (d) I am not the subject of disciplinary proceedings, including preliminary investigations or action that may lead to disciplinary proceedings in relation to the occupation listed in item 2 above, in any State or Territory.
- (e) My licence for the occupation listed in item 2 above has not been cancelled or suspended as a result of disciplinary action.
- (f) I am not otherwise personally prohibited from carrying on the occupation listed in item 2 in any State or Territory.
- (g) I am not subject to any special conditions in carrying on the occupation listed in item 2 in any State or Territory, as a result of criminal, civil or disciplinary proceedings.
- (h) I have specified in item 4 above any special conditions to which I am subject in carrying on the occupation listed in item 2 above in any State or Territory and accept that similar conditions may be imposed on a licence issued in Western Australia in accordance with the Mutual Recognition Act 1992 (Commonwealth).
- (i) I consent to the making of inquiries of and exchange of information with, the authorities of any State or Territory regarding my activities in the occupations listed in item 2 above and otherwise regarding matters relevant to my notice.

and furthermore I declare:

- (1) that the statements and information in this notice are correct to the best of my knowledge and belief; and**
- (2) that any registration document attached is the original or a complete and accurate copy of the original.**

and I make this solemn declaration by virtue of the *Oaths, Affidavits and Statutory Declarations Act 2005* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature
(person making this declaration)

Declared at
(full address)

this.....**day of****20**.....

before me
(Printed name and title of Justice of the Peace or other authorised person)

Signature
(of JP or other authorised person)