



**Department of Commerce
Consumer Protection**

**Application to
Add or Change
a Premise
to an existing
Motor Vehicle
Repair Business
Licence**

**Department of Commerce
Consumer Protection**

Licensing Advice Line

Metro: (08) 9282 4338

Country: 1300 30 40 54

Fax:

(08) 9282 4363

(8.30 – 5.00 Weekdays)

(except for Public Holidays)

Licensing Branch

Head Office:

Forrest Centre

219 St Georges Terrace

PERTH WA

Unit 4 / 321 Selby Street (REAR)
OSBORNE PARK WA

Postal

The Licensing Officer

Consumer Protection

Locked Bag 14

CLOISTERS SQUARE

WA 6850

**APPLICATION FEES
APPLY**

See page 6

Web Site: www.commerce.wa.gov.au

INFORMATION REQUIRED

1. WHO NEEDS TO APPLY FOR A LICENCE

A person who carries on the business of motor vehicle repair work prescribed under the *Motor Vehicle Repairers Regulations* in Western Australia is required to hold a licence as a motor vehicle repairer under the *Motor Vehicle Repairers Act 2003*.

In order to hold a Motor Vehicle Repair Business Licence the applicant must employ (including self employment) a certified repairer for **each** class of repair work, at **each** of the premises from which the business operates.

2. FALSE OR MISLEADING INFORMATION

It is important to note that all the information in the application must be accurate. Any false or misleading information would be a contravention of the *Motor Vehicle Repairers Act 2003*, the *Oaths, Affidavits and Statutory Declarations Act 2005* and/or *Criminal Code Act Compilation Act 1913*.

3. REPAIR BUSINESS LICENCE NUMBER

MRB.....

4. NAME OF THE ENTITY & BUSINESS NAME

a. Name of Entity applying

.....
eg. Fred Smith (sole proprietor), Fred & Mary Smith (firm or partnership) or Smith Pty Ltd (body corporate)

b. Business Name under which Entity trades (if applicable)

.....
eg. Smith Smash Repairs

5. CONTACT DETAILS FOR THE ENTITY

Contact Person

.....

Address for the Service of Notices (must be a street address)

.....

.....

Postal Address (if different to above)

.....

Email address for the business

.....

Telephone..... Fax.....

INFORMATION REQUIRED

6. RETURN ORIGINAL MV REPAIR BUSINESS LICENCE & CERTIFICATE OF AUTHORISED PREMISE

Prior to approving this application, you are **required to return the original** Motor Vehicle Repair Business Licence **and**, if you are ceasing a premise you are also required to return the original Certificate of Authorised Premise for that place of business. Please enclose these with this application.

A new Motor Vehicle Repair Business licence and Certificate of Authorised Premises will be sent to you when this application is approved.

7. PREMISES INFORMATION

Is this application to add a new premise to the existing licence **or** to change from one premise to a new premise? Please tick **one** of the following:

Additional Fixed Premise Change of Fixed Premise

Fixed Premises

New address:		
Number and Street -----		
Suburb -----	Postcode -----	
Date intending to commence at new address:		
Is this the new Principal place of business: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ceased address:		
Number and Street -----		
Suburb -----	Postcode -----	
Date ceased trading at this address:		

Local Government Approval

You are required to provide written approval from the local government authority for the new premise and details of any special conditions or restrictions imposed by the local government authority. The Commissioner for Consumer Protection (the "Commissioner") accepts that written approval for the specified premises from the local government authority may be a letter of authority or confirmation rather than a planning certificate.

Mobile Premises (vehicles used for mobile repairs)

Details of New Mobile Premise

Make of vehicle	Model of vehicle	Year of manufacture	Vehicle colour	Registration number	Date commenced use

Details of Ceased Mobile Premise

Make of vehicle	Model of vehicle	Year of manufacture	Vehicle colour	Registration number	Date ceased use

INFORMATION REQUIRED

8. STAFFING

Definition of a Certified Motor Vehicle Repairer

A 'certified repairer' means a person who has been issued with a **Motor Vehicle Repairer's Certificate** by the Commissioner. It does **not** mean someone who has a 'Trade Certificate'.

Staff Engaged in Repair Work

REPAIRER SUPERVISION RATIO

The Commissioner has determined that a supervision ratio of certified repairers to uncertified repairers will be one as to three. Therefore you will require at least one certified repairer (for **each** class of repair work) for every three uncertified repairers that you employ at **each** of the premises from which you operate.

(i.e. If you employ six uncertified repairers, you will require at least two certified repairers to supervise them).

Details of Certified Motor Vehicle Repairer Staff who will be carrying out repair work from the new premise.

Please provide the following information:

Name of certified staff member	Motor Vehicle Repairer's Certificate Number	Classes of repair work certified
	MR	
	MR	

If you employ more than 2 certified repairers, please add a sheet of paper with details of additional certified staff.

9. AUTHORISATION TO THE COMMISSIONER FOR CONSUMER PROTECTION

In order to assist the Commissioner with assessment of this application, I give authorisation to the Commissioner, or person(s) they direct, to make such further enquiries as he or she deems necessary, to obtain:

- (a) verification of my qualifications from the training organisation, within Australia or New Zealand, that has granted the qualification;
- (b) copies of any court transcript or records for proceedings to which I or an associated entity, have been a party;
- (c) copies of any decision in proceedings before any Board to which I, or an associated entity, have been a party;
- (d) copies of any other document or file relating to another occupational licence that I have held or for which I, or an associated entity, have applied; and/or
- (e) any other document or file that may be necessary to assist the Commissioner with assessment of this application.

I further agree to provide any additional information requested by the Commissioner and acknowledge that the Commissioner can use any or all of the information or documentation he or she receives pursuant to this authority for the purpose of assessing my application.

Full Name:

Signature:

Date:

STATUTORY DECLARATION

WESTERN AUSTRALIA - OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005 STATUTORY DECLARATION

I, (Full name)

of (Address)

Occupation

sincerely declare that the statements and information provided in my application to **add and/or change a new premise to my existing Motor Vehicle Repair Business Licence** are correct to the best of my knowledge and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at (place)

..... (date)

in the presence of -

.....
(Signature of authorised witness)

.....
(Print name of authorised witness Qualification as such a witness *)

By
(Signature of person making the declaration)

***Important This Declaration must be made before any of the following persons:-**

Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer, Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered Secretary, Chemist, Chiropractor, Company Auditor or Liquidator, Court Officer (Judge, Magistrate, Registrar or Clerk), Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor, Engineer, Industrial Organisation Secretary, Insurance Broker, Justice of the Peace, Lawyer, Local Government CEO or Deputy CEO, Local Government Councillor, Loss Adjuster, Marriage Celebrant, Member of Parliament (State or Commonwealth), Minister of Religion, Nurse, Optometrist, Patent Attorney, Physiotherapist, Podiatrist, Police Officer, Post Officer Manager, Psychologist, Public Notary, Public Servant (State or Commonwealth), Real Estate Agent, Settlement Agent, Sheriff or Deputy Sheriff, Surveyor, Teacher, Tribunal Officer, Veterinary Surgeon
OR Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

CHECK COMPLETION AND PAYMENT DETAILS

CHECKLIST

Please use the following checklist to ensure your application is complete and therefore avoid delays.

1. Have all items in the form been completed and has the application been signed?	Yes	No
2. Have you attached the appropriate fee payable or completed and signed the credit card payment slip? - \$119.00 for each fixed premise - \$59.50 for each mobile premise	Yes	No
3. Have you attached written approval from the local government authority for the new premise?	Yes	No
4. Have you included details of the certified repairers that will be engaged at the new premises?	Yes	No
5. Have you included a copy of the current 'Class E Permit' held by each of your qualified gas fitters if applicable?	Yes	No
6. Have you declared the Statutory Declaration before an authorised person?	Yes	No
7. Have you enclosed the original Motor Vehicle Repair Business Licence and Certificate of Authorised Premise (if applicable)?	Yes	No

ADVICE AND FURTHER INFORMATION

For questions regarding completion of the application form please contact:
Licensing Branch (08) 9282 4338. Country callers can telephone 1300 30 40 54, and ask to be put through to a licensing officer in the Licensing Branch.

For more information about a Motor Vehicle Repair Business Licence you can visit
www.commerce.wa.gov.au

APPLICATION FEE

The **fee** to add or change a **Mobile Premise** to an existing Motor Vehicle Repair Business licence is **\$59.50** for each Mobile Premise.

The **fee** to add or change a **Fixed Premise** to an existing Motor Vehicle Repair Business licence is **\$119.00** for each Fixed Premise.

LODGING YOUR APPLICATION

Your application can only be processed if all the relevant information and supporting documentation is provided. Cheques are to be made payable to the Department of Commerce. If paying by **credit card**, please **complete** the **credit card payment details** on the next page.

You may lodge your application:

By post addressed to:

The Licensing Officer
Consumer Protection
Locked Bag 14
Cloisters Square
PERTH WA 6850

In person at:

Department of Commerce
Consumer Protection
Unit 4 / 321 Selby Street (rear)
OSBORNE PARK

In person at:

Department of Commerce
Consumer Protection
Ground Floor
219 St Georges Terrace
PERTH

If paying by credit card, please complete the credit card payment details on the next page. →

CREDIT CARD PAYMENT DETAILS

CREDIT CARD PAYMENT DETAILS

Application to Add or Change a Premise to an Existing MV Repair Business Licence

For Credit Card Payment – applicant to complete

Card Type Visa Mastercard (Only Visa and Mastercard accepted)

Card Number

Card Holder Please print

Expiry Date / Amount \$

Signature / Authorisation Date



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Consumer Protection