



**Department of Commerce
Consumer Protection**

**Application for
Additional Classes of
Repair work
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 FEE

\$112

See page 7

Note - this application form expires on 30 June 2012.

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 Number **Fax Number**

INFORMATION REQUIRED

6. RETURN ORIGINAL CERTIFICATE OF AUTHORISED PREMISE

Prior to approving this application, you are **required to return the original** Certificate of Authorised Premise where the new class(es) will be carried out. Please enclose the Certificate with this application.

A new Certificate of Authorised Premises will be sent to you when this application is approved.

7. CLASSES OF REPAIR WORK

There are 30 classes of repair work for which a Repair Business Licence can be granted. **Refer to the following page for the list of the classes of repair work and their associated codes.** (Eg. Air conditioning work [code = ACW])

Write in the following table the name and code of each additional Class(es) of Repair Work for which you are applying.

NOTE – You need at least **one certified repairer** for **each** class of repair work, at **each** of the premises from which you operate, including mobile premises. Remember that an individual repairer may be certified to carry out and/or supervise more than one class of repair work. (See table on following page).

Name of each ADDITIONAL Class of Repair Work	Code

Attach additional pages if required.

Application for Air Conditioning Work

If you are applying for the class of Air Conditioning Work (ACW), you must employ a certified repairer holding a current National Refrigerant Handling Licence as defined in the *Ozone Protection and Synthetic Greenhouse Gas Management Regulations 1995*.

Application for Autogas Work

If you are applying for the class of Autogas Work (AGW), you are required to submit with your application a copy of the current 'Class E Permit' or Certificate of Competency in Class E and Class F held by each of your qualified gas fitters.

8. DETAILS OF CERTIFIED MOTOR VEHICLE REPAIRER STAFF

Please provide details of the staff member(s) who is/are certified to carry out the additional class(es) of repair work.

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

INFORMATION REQUIRED

9. AUTHORISED PREMISES INFORMATION

Please provide details of the premises where the additional class(es) of repair work will be carried out.

Premises Address or Number Plate	Certificate of Authorised Premises Number

Classes of Repair Work:

1	2	3	4
	Code	Class of Repair Work	If you have an individual certified repairer, certified in a class of repair work under column 3, then that person will qualify your business for the classes of repair work listed in this column (column 4) and your repair business licence will state these classes.
1	ACW	Air conditioning work	* Please refer to page 3
2	BBW	Body building work	EAF, MAF
3	BRW	Brake work	
4	CSW	Cooling system work	
5	CHR	Cylinder head reconditioning work	
6	DFW	Diesel fitting work	CSW, CHR, DFE, ERW, HVS, LVS, MAF, MCS
7	DFE	Diesel fuel and engine work	HVS, LVS, MAF, MCS
8	DSR	Driveline servicing and repairing work	
9	DRW	Driveline work	DSR, HVS, LVS, MCS, SSW, TRW
10	EAF	Electrical accessory fitting work	
11	ELW	Electrical work	EAF
12	ERW	Engine reconditioning work	DFW, CHR
13	ESW	Exhaust system work	
14	GLW	Glazing work	
15	HVS	Heavy vehicle servicing work (gross vehicle mass of more than 8000 kg)	LVS, MCS
16	HWV	Heavy vehicle work (gross vehicle mass of more than 8000 kg)	BRW, CSW, CHR, DFE, DSR, DRW, EAF, ESW, HVS, LVS, LVW, MAF, MCS, MCW, SSW, TRW, TFH, TFL, UNW
17	LVS	Light vehicle servicing work (gross vehicle mass of less than 8000 kg)	HVS, MCS
18	LVW	Light vehicle work (gross vehicle mass of less than 8000 kg)	BRW, CSW, CHR, DFE, DSR, DRW, EAF, ESW, HVS, LVS, MAF, MCS, MCW, SSW, TRW, TFL, UNW
19	MAF	Mechanical accessory fitting work	
20	MCS	Motor cycle servicing work	HVS, LVS
21	MCW	Motor cycle work	CSW, CHR, DSR, DRW, EAF, ESW, HVS, LVS, MAF, MCS, TRW
22	PAW	Painting work	
23	PBW	Panel beating work	EAF, MAF
24	SSW	Steering, suspension and wheel aligning work	
25	TRW	Transmission work	DSR, DRW
26	TRI	Trimming work	MAF
27	TFH	Tyre fitting (heavy) work	TFL
28	TFL	Tyre fitting (light) work	
29	UNW	Underbody work	
30	AGW	Autogas work	* Please refer to page 3

See www.commerce.wa.gov.au/motorvehicles [follow the links to 'Motor Vehicle Repairer's Certificate'] for the description of the classes of repair work.

INFORMATION REQUIRED

10. 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 class(es) 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 Office 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 \$112 fee payable or completed and signed the credit card payment slip?	Yes	No
3. Have you included details of the repairers who are certified to carry out the additional class(es) of repair work?	Yes	No
4. Have you included a copy of the current 'Class E Permit' held by each of your qualified gas fitters if applicable?	Yes	No
5. Have you declared the Statutory Declaration before an authorised person?	Yes	No
6. Have you enclosed the original Motor Vehicle Repair Business Licence and Certificate of Authorised Premise where the new class(es) will be carried out?	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 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 an additional class(es)** to an existing Motor Vehicle Repair Business licence is **\$112**.

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 Class(es) of Repair Work 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



Department of Commerce
Consumer Protection