

**NORTHERN TERRITORY BUILDING PRACTITIONERS BOARD****APPLICATION FOR REGISTRATION AS A  
BUILDING PRACTITIONER  
CERTIFYING PLUMBER & DRAINER (DESIGN) –  
INDIVIDUAL****SECTION 1 PERSONAL DETAILS**

<b>FAMILY NAME</b> (Surname)	<input type="text"/>		
<b>GIVEN NAME</b> (First name)	<input type="text"/>	<b>OTHER NAMES</b> (Middle names)	<input type="text"/>
<b>PREFERRED NAME</b>	<input type="text"/>	<b>BIRTH FAMILY NAME</b> (e.g. maiden name)	<input type="text"/>
<b>GENDER</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>DATE OF BIRTH</b> <input type="text"/>

For identification purposes a copy of your birth certificate, passport, drivers licence and Medicare card or other acceptable documentation must be attached to this application. A copy of the Board's Identification Policy is available on-line at [www.nt.gov.au/bpb](http://www.nt.gov.au/bpb).

**SECTION 2 CONTACT DETAILS**

<b>BUSINESS HOURS PHONE NUMBER</b>	<input type="text"/>	<b>AFTER HOURS PHONE NUMBER</b>	<input type="text"/>
<b>FAX NUMBER</b>	<input type="text"/>	<b>MOBILE PHONE NUMBER</b>	<input type="text"/>
<b>EMAIL</b>	<input type="text"/>		

**SECTION 3 ADDRESS DETAILS**

<b>HOME ADDRESS</b>	<input type="text"/>
	<input type="text"/>
<b>POSTAL ADDRESS</b>	<input type="text"/>
For the service of notices and documents	<input type="text"/>

Please note that this address will be listed on the public register of building practitioners.

## SECTION 4 EXPERIENCE REQUIREMENTS

You are required to possess the experience as determined by the Minister, for to Section 24(1)(b) of the *Building Act*. That is 5 years practical in design of plumbing and drainage systems and on-site sewage disposal systems.

A resume must be submitted with your application detailing your work experience and addressing the requirements of the experience criteria in the category being applied for. All aspects of experience ie. design, on-site construction supervision etc are to be indicated. A specific description of projects must also be provided, detailing your level of involvement in these projects and the dates of commencement and completion.

A least one written reference must be provided that confirms your recent experience listed on your resume.

## SECTION 5 OTHER INFORMATION

In order to assist the Building Practitioners Board in determining whether you are a fit and proper person to be registered pursuant to Section 24(1)(a) of the *Building Act*, tick yes or no in the relevant box for the following questions:-

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you been declared bankrupt or entered into an arrangement with creditors in the last 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you in the last 5 years been convicted of a criminal offence (other than a minor traffic offence) or are any court proceedings pending?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been disqualified from holding an occupational licence or certificate, or had an occupational licence or certificate cancelled or suspended (including interstate licences, certificates or registrations)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In respect of any work you have done in an equivalent position, have you ever been fined, reprimanded or cautioned for any breach of rules, professional conduct or code of ethics?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been a Director, Secretary or a person in a position to control or substantially influence a company's conduct or affairs within 12 months of that company being placed in receivership, administration, official administration, under a deed of company arrangement, in liquidation or wound up for the benefit of creditors? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked YES to any of these questions you MUST provide details and copies of relevant documentation.

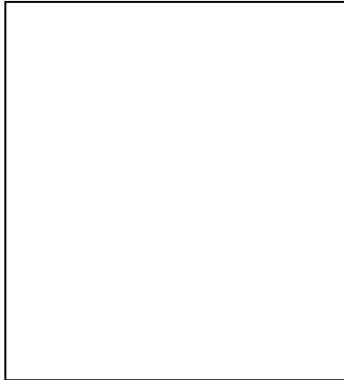
## SECTION 6 INSURANCE REQUIREMENTS

You are required to hold current Professional Indemnity Insurance Policy of \$1,000,000.

The insurance certificate of currency cover must be submitted with your application. The policy must note you as an insured party or if you are using your employers insurance must be accompanied by a letter from the employer on company letterhead (and signed by a company director) confirming that you are covered by their insurance policy

**SECTION 7 PHOTO REGISTRATION CARD**

If your application is approved the Board will issue you with a registration certificate (as required under the Building Act). In addition, the Board is also offering you, at no additional cost, a wallet sized registration card which will include your photograph. If you wish to obtain this card please attach a photo to this application form using tape on the rear of the photo only.



Photos must

- head and shoulders only
- be no more than 6 months old
- be passport quality
- be on photo paper
- have clear white background
- 4.5 – 5 cm high, 3.5 – 4 cm wide
- not have any border
- have your full name on the back

Note: Alternatively, you may email a photo to [bpb@nt.gov.au](mailto:bpb@nt.gov.au), giving your full name. If you e-mail the photograph, please write 'photo emailed' in the space provided for photograph.

**SECTION 8 PAYMENT OF FEES**

An application fee of \$200 is applicable. This fee is non-refundable but is credited to the 2 year registration fee of \$800 – i.e. a further \$600 is payable if successful. The fee is payable either by cheque made payable to the "Receiver of Territory Monies" (RTM), by credit card or cash (lodging in person only – DO NOT SEND CASH VIA MAIL).

**Payment Details**

A cheque for \$\_\_\_\_\_ is enclosed OR

Please debit my  VISA  MasterCard For \$\_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number				Expiry Date		

Card holder name \_\_\_\_\_

Card holder signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

FOR OFFICE USE ONLY			
Receipt Number	<input type="text"/>	Date	<input type="text"/>
Amount	<input type="text"/>	Received By	<input type="text"/>

**SECTION 9 STATUTORY DECLARATION**

*Oaths Act (NT).*

I, \_\_\_\_\_ do solemnly and sincerely declare that the particulars contained in this application and following statements are true and correct and all of the attachments are the original or a complete and accurate copy of the original.

- I give the Northern Territory Building Practitioners Board consent to make any enquiries and to receive and disclose any information which is relevant to my initial and ongoing eligibility to be registered as a building practitioner;
- I acknowledge that information (name, postal address, telephone number, registration category, registration number, registration status, registration expiry date registration conditions/endorsements and the name of any companies or firms where you are the nominee) may be placed on a register open to the public;
- I accept that failure to supply information required on this form may delay processing of this application;
- I understand and acknowledge my legal obligations under the *Building Act* if registration is granted;

And I make this solemn declaration by virtue of the *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name and Address of Witness

**Note** A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2,000 or imprisonment of 12 months, or both.

This declaration may be made before any person who has attained the age of 18 years.

**PRIVACY**  
The Building Practitioners Board of the Northern Territory (NT) is collecting the information on this form to determine whether or not you are eligible for registration as a building practitioner – plumber & drainer (design), in accordance with the provisions of the *Building Act*. The names, business addresses and business telephone numbers of registered building practitioners will be entered into a register of building practitioners. This register will be available for the public to access via our internet site or upon request. The Building Practitioners board collects personal information in accordance with the Department of Planning & Infrastructure’s privacy statement available at <http://www.nt.gov.au/dpi/copyright/pdf/privacystatement.pdf> and adheres to the privacy legislation contained within the *Information Act* (NT). Personal information provided on this form can be accessed by you. For more information please contact the Registrar, Building Practitioners Board on (08) 8923 9309.

**SUBMITTING**

**CHECKLIST - *Please ensure that you have provided the following:***

- Completed Form
- Copy of Qualifications
- Resume
- References
- Copy of Insurance Certificate
- All Relevant Documentation Required by Section 5
- Identification
- Application Fee of \$200
- Photograph (if a registration card is required)

The completed form, attachments and fee should be

POSTED TO  
The Registrar  
Building Practitioners Board  
GPO Box 1680  
DARWIN NT 0801

OR

LODGED IN PERSON (Monday- Friday 8.00am -4.00pm)  
NT Build  
Charlton Court  
WOOLNER  
Phone (08) 8923 9309

First Floor, Alice Springs Plaza  
36 Todd St (Cnr Todd Mall & Parsons St)  
ALICE SPRINGS  
Phone (08) 8951 9235

First Floor, Government Centre  
5 First St  
KATHERINE  
Phone (08) 8973 8926

Transport and Works Building  
33 Leichhardt St  
TENNANT CREEK  
Phone (08) 8951 9235 (Alice Springs)