

MUTUAL RECOGNITION PLUMBING PRACTITIONER

HERE'S WHAT YOU NEED TO DO

SAVE AND COMPLETE THIS FORM ON YOUR COMPUTER. DO NOT HANDWRITE.

Checklist

Please tick once you have completed these sections of the Application Form:

- Part A:** What we need to know about you
- Part B:** Let us know about your interstate/New Zealand registration
- Part C:** Let us know what Victorian class you seek to be registered/licensed in
- Part D:** Insurance
- Part E:** Complete your National Police Check via online provider
- Part F:** Declaration
- Part G:** Statutory Declaration
- Part H:** Your fee and payment method
- Part I:** Photo ID

Please tick once you have certified copies of your supporting document (do not send originals):

- Certified copies of supporting documents

Remember, every supporting document that you submit with this application must be certified as a true copy of an original.


[Click here](#) for a list of people who can certify a document for you.

Note: The information provided in an application must be true and correct. It is an offence under s221V of the *Building Act 1993* to give false or misleading information in relation to an application for registration, and this offence carries a maximum penalty of 50 penalty units. If you provide false or misleading information, we may refuse your application.

How to submit your application

Please fill out your application form electronically, then print and sign a hard copy.

Submit a hard copy of your application by mail:

 **Victorian Building Authority**
GPO Box 536
Melbourne VIC 3001

Or in person at the VBA:

 **Goods Shed North**
733 Bourke Street
Docklands VIC 3008

Reference number

Date

Part A

WHAT WE NEED TO KNOW ABOUT YOU (THE APPLICANT) * INFORMATION THAT YOU MUST SUPPLY

Your title* Mr Mrs Ms Miss Other

Your first name* (as it appears on your drivers licence or passport)

Your middle name

Your family name* (as it appears on your drivers licence or passport)

Your date of birth*

Your residential address* (must not be a post office box)

Suburb

State or territory

Postcode

Country

Your postal address (if different from residential address)

Your contact details:

Email address*

Mobile number*

Home phone number

Work phone number

Fax number

Preferred contact method



LET US KNOW ABOUT YOUR CURRENT INTERSTATE/NEW ZEALAND REGISTRATION/LICENCE

1. Type of registration / licence / permit / authority

State/Region

Issued No.

Date issued

D	D	/	M	M	/	Y	Y	Y	Y
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Conditions attached to the registration / licence / permit / authority (if any)

Have you carried out work in the state, territory or region in which this registration/licence was issued?

Yes No

Please attach a **certified copy** of your registration/licence.

2. Type of registration / licence / permit / authority

State/Region

Issued No.

Date issued

D	D	/	M	M	/	Y	Y	Y	Y
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Conditions attached to the registration / licence / permit / authority (if any)

Have you carried out work in the state, territory or region in which this registration/licence was issued?

Yes No

Please attach a **certified copy** of your registration/licence.

3. Type of registration / licence / permit / authority

State/Region

Issued No.

Date issued

D	D	/	M	M	/	Y	Y	Y	Y
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Conditions attached to the registration / licence / permit / authority (if any)

Have you carried out work in the state, territory or region in which this registration/licence was issued?

Yes No

Please attach a **certified copy** of your registration/licence.

i If you have additional interstate or NZ registrations or licences, please provide details in a separate document and attach with this application. Please include the same details listed above.

Part C

LET US KNOW WHAT VICTORIAN CLASS OR SPECIALISED CLASS OF PLUMBING WORK YOU SEEK TO BE REGISTERED/LICENCED IN

Main Classes	Registration	Licence	Specialised Classes	Registration	Licence
Drainage work	<input type="checkbox"/>	<input type="checkbox"/>	Backflow Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection work	<input type="checkbox"/>	<input type="checkbox"/>	Type A Appliance Conversion work	<input type="checkbox"/>	<input type="checkbox"/>
Gasfitting work	<input type="checkbox"/>	<input type="checkbox"/>	Type A Appliance Servicing work	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation (Non-agricultural) work	<input type="checkbox"/>	<input type="checkbox"/>	Type B Advanced Gasfitting work	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Services work	<input type="checkbox"/>	<input type="checkbox"/>			
Refrigerated Air-Conditioning	<input type="checkbox"/>	<input type="checkbox"/>			
Roofing (Stormwater) work	<input type="checkbox"/>	<input type="checkbox"/>			
Sanitary work	<input type="checkbox"/>	<input type="checkbox"/>			
Type B Gasfitting work	<input type="checkbox"/>	<input type="checkbox"/>			
Water Supply work	<input type="checkbox"/>	<input type="checkbox"/>			

Note: You must have a current registration, licence, permit or authority in Australia or New Zealand equivalent to the category you are applying for. Select the class you are seeking to be registered/ licensed in Victoria.

Part D



INSURANCE

Proof of Insurance

People seeking a licence to carry out plumbing work in Victoria must provide evidence to the VBA that they have the required insurance before the VBA can grant their application.

Insurance must be in compliance with the relevant Ministerial Order.

↓ Copies of the Ministerial Orders can be located [here](#) on the VBA website

The Victorian Building Authority cannot grant an application for a licence to carry out plumbing work without written evidence that you are covered by the required insurance.

Insurance Requirements

- **Licensed Plumbers General Insurance Order**
(minimum insurance required by all licensed persons, except those licensed in Type B Gasfitting)
- **Licensed Plumbers (Type B Gasfitting work) Insurance Order**
(minimum insurance required by all persons licensed in Type B Gasfitting work)

Insurance details

Please provide a Certificate of Currency to the VBA, which details your name, insurer details and the notation.

Type of Insurance

- Licensed Plumbers General Insurance Order
- Licensed Plumbers (Type B Gasfitting work) Insurance Order

Policy Number

Name of Insured

Insurance From Date

To Date

State covered by this insurance

Insurance Provider

Part E



COMPLETE YOUR NATIONAL POLICE CHECK VIA ONLINE PROVIDER

To support your application we require you to undertake a national police check, via our online service provider, fit2work. To do this, please click [here](#) and you will be taken to an online portal to complete your police check. Upon completion, fit2work will provide you a 7 digit pin to validate your police check.

Please enter your 7 digit pin here:

Your 7 digit fit2work reference number is available in your profile once you have completed your police check.

Please note: If you do not complete you police check your application will be returned to you.

DECLARATION

1. Are you subject of disciplinary proceedings in any Australian State, Territory or in New Zealand (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to those occupations? Yes No
2. Have you been convicted of any offence involving fraud, dishonesty, drug trafficking or violence that was punishable by imprisonment for 6 months or more? Yes No
3. Have you been convicted of an offence under any law regulating plumbing work or specialised plumbing work? Yes No
4. Have you had your authorisation to carry out plumbing work or specialised plumbing work suspended or cancelled for any reason other than failure to renew that authorisation? Yes No
5. Have you ever been insolvent under administration? Yes No
6. Have you held or do you hold any licence, permit, registration or other authority enabling you to work as a plumber in Victoria or in an equivalent occupation in the plumbing industry in another Australian State, Territory or in New-Zealand that has ever been cancelled or suspended? Yes No
7. Have you ever been convicted of an offence against:
 - (a) the *Fair Trading Act 1985* (Victoria)? Yes No
 - (b) the *Fair Trading Act 1999* (Victoria)? Yes No
 - (c) the *Trade Practices Act 1974* (Cwlth)? Yes No
 - (d) the Australian Consumer Law (Victoria)? Yes No
 - (e) the *Competition and Consumer Act 2010* (Cwlth)? Yes No
8. Are you currently disqualified by an order of any regulatory body from acting as a licensed or registered plumber (or equivalent occupation that is regulated in another jurisdiction)? Yes No
9. Are you personally prohibited from carrying out an equivalent occupation in any State and/or are you subject to any special conditions in carrying out that occupation, as a result of criminal, civil or disciplinary proceedings? Yes No

✓ If **YES** for any of the above questions, please provide details here:

What were the offences or breaches?

When did the event occur?

In which state or territory did the event occur?

What were the circumstances of the event?

What penalty did you receive?

What you have done to prevent the event from occurring again?

STATUTORY DECLARATION

I, _____
(full name of applicant)

of _____
(full residential address of applicant)

, _____
(occupation)

do solemnly and sincerely declare that the information contained in this application and all supporting documentation is true and correct and undertake to immediately advise the Victorian Building Authority (in writing) of any change in circumstances which may be relevant to my registration.

I give consent to the making of inquiries of, and the exchange of information with, the authorities of any State regarding my activities in the relevant occupation or occupations of otherwise regarding matters relevant to this notice.

I acknowledge that this declaration is true and correct and I make it with the understanding and the belief that a person making a false declaration is liable to the penalties of perjury.

By signing this, I declare that I have read and understood how the VBA manages my personal information and the VBA's [Privacy policy](#).

Signed _____
(signature of applicant)

Declared at _____ In the state of _____
(town in which declaration was signed) (State in which declaration was signed)

This _____ day of _____ 20_____
(day of month) (month) (year)

Before me

Signature of Authorised Witness

Printed Name of Authorised Witness

Occupation of Authorised Witness

Work Address of Authorised Witness

The authorised witness must print or stamp his or her name, address and title under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958*. (Eg Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)

Part H

APPLICATION FEE AND PAYMENT METHOD

Application Fee (non-refundable) **\$55.49**

➤ Registration Fee (3 year period) **\$348.38**

➤ Licence Fee (1 year period) **\$308.79**

Payment Due:

<input type="text" value="\$55.49"/>	+	<input type="text"/>	=	<input type="text"/>
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Please select your payment method:

credit card cheque money order

Please make cheques and money orders payable to: **Victorian Building Authority**

Note:

▶ The VBA does not accept cash

PART H CONTINUES NEXT PAGE



CREDIT CARD PAYMENT DETAILS

Card type:

Visa Mastercard

Amount:

+ =


Card number:

Name of card holder:

Card expiry date:

/

Signature of card holder



(must be a handwritten signature)

Date of signature

/ /

This page will be destroyed once your payment has been processed.



PHOTO IDENTIFICATION FORM

Complete and submit this form with your application if:

- > you are not currently registered or licensed as a plumber in Victoria

OR

- > you are currently registered/licensed as a plumber in Victoria, and your last application to the VBA to be registered/licensed was lodged more than three years ago.

If your application is granted, we will issue you with an identification card showing your name, your photograph, and your level of accreditation.

Your details

First name

Last name

Your date of birth

 / /

Photo requirements

You must provide two photos of yourself with your application.

- Print your name on the back of each photo.
- Affix the two photos in the space below with double sided tape. Do not place any tape on the front of the photos.

The photos must be:

- > identical
- > in colour
- > less than six months old
- > 4.5–5 cm in height and 3.5–4 cm in width
- > without a border
- > good quality gloss prints on photo paper.

In the photo, you must:

- > be in sharp focus
- > have a plain, light-coloured background
- > be uniformly lit (no shadows or reflections)
- > look directly at the camera
- > not have hair or garments covering your face
- > have a neutral expression (not laughing, smiling or frowning).

For office use only

Application reference number

Practitioner identification number

AFFIX PHOTO
HERE

AFFIX PHOTO
HERE