



**ACT**

Government

Environment and  
Sustainable Development

# Form CL2

## Application for a Construction Practitioner Licence – Mutual Recognition

*Mutual Recognition (Australian Capital Territory) Act 1992*

(Only an individual may apply)

### Applicant Details

Title  Surname

Given Names

Date of Birth  /  /

Home Address

Suburb  State  Postcode

Postal Address

Suburb  State  Postcode

Phone Number Business Hours  Mobile

Facsimile Number

EMAIL ADDRESS

### Construction Occupation

**Note:** You can check the equivalency of your licensed occupation in other states by visiting the Licence Recognition website at [www.licencerecognition.gov.au](http://www.licencerecognition.gov.au)

Please indicate the state you would like us to recognise for the purpose of Mutual Recognition (first state)

Your current licensed/registered occupation

Indicate all states/Territories in which you are licensed/registered for this occupation:

ACT  NSW  QLD  SA  Tas  Vic  WA  NT  NZ

**You must attach a certified copy of your current interstate licence and a photo identification such as a driver licence.**

**The following is a list of licensable occupations in the ACT. Please indicate the occupation that aligns with your nominated occupation:**

- Asbestos Assessor
- Asbestos Removalist
- Builder
- Building Surveyor
- Drainer
- Electrician
- Gasfitter
- Plumber
- Plumbing Plan Certifier
- Works Assessor

### Questionnaire

Are you the subject of any disciplinary proceedings in any state in relation to the nominated occupation?  No  Yes – provide details below

Is your licence/registration in any state cancelled or currently suspended as a result of disciplinary action?  No  Yes – provide details below

Are you personally prohibited from carrying on the nominated occupation in any state or subject to any special conditions as a result of criminal, civil or disciplinary proceedings in any state?  No  Yes – provide details below

Does your licence for this occupation in any state have any special conditions?  No  Yes – provide details below

**If you answered Yes to any of the above provide details here:**

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## Statutory Declaration

I declare that all the information contained within and attached to this application is complete, accurate and true to the best of my knowledge. All accompanying documents are accurate copies of the originals. I consent to the making of inquiries, and the exchange of information with any registration and Licensing Authority regarding my activities in the occupation being applied for and matters relevant to this application. I understand that there are severe penalties for providing false or misleading information.

Signature

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Application Fees

Fees apply to this application and will vary depending on the relevant occupation or occupations. Please refer the ACT Planning and Land Authority "**Fees and Charges Booklet**" available on the ACTPLA website [www.actpla.act.gov.au](http://www.actpla.act.gov.au)

### Privacy Notice

Information you are asked to provide will be used to assess your ability to be licensed under the *Construction Occupations (Licensing) Act 2004*. The lawful authority for the collection of this information is the *Construction Occupations (Licensing) Act 2004*. The information may be disclosed to other Registration Authorities. If your application is successful your details will be entered into the Licensing Register. Some of this information will be made available on the ACT Planning and Land Authority's website

### Contact Details:

ACT Planning and Land Authority  
Customer Service Centre  
GPO Box 1908, Canberra City 2601  
16 Challis Street, Dickson ACT 2602

Business Hours: 8.30am to 4.30pm weekdays (excluding Public Holidays)

Phone: (02) 6207 1923

Fax: (02) 6207 1925

TTY: (02) 6207 2622

Email: [actpla.customer.services@act.gov.au](mailto:actpla.customer.services@act.gov.au)

Website: [www.actpla.act.gov.au](http://www.actpla.act.gov.au)