



**LICENSED
BUILDING
PRACTITIONERS**
Building confidence

RECOGNITION OF AUSTRALIAN LICENCE

APPLICATION FORM



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI

Te Kāwanatanga o Aotearoa
New Zealand Government

APPLICATION FOR RECOGNITION OF AUSTRALIAN LICENCE

This form must be used to apply for a New Zealand licence under the Trans Tasman Mutual Recognition Act 1997 (TTMRA) on the basis that an Australian State builders licence is equivalent to a New Zealand Licensed Building Practitioner (LBP) licence.

For more information please visit www.lbp.govt.nz.

CHECKLIST

Ensure you:

- > complete this form
- > complete the declaration and it is signed by an authorised person (eg, JP, Lawyer)
- > **provide a certified copy of your current Australian registration, or sufficient evidence and certified copy of proof of identity (eg, signed by JP)**
- > provide two verified ID photos
- > include your application fee

SENDING IN YOUR APPLICATION

Post your completed application form, verified photos, **certified copies** of your proof of identity and qualifications, and your payment

By mail to

Licensed Building Practitioners' Scheme
Ministry of Business, Innovation & Employment
PO Box 1473
Wellington 6140

By courier to

Licensed Building Practitioners' Scheme
Ministry of Business, Innovation & Employment
15 Stout Street, Wellington Central
Wellington 6011

Keep a copy of this application form for your records and to work through with your assessor.

ASSESSMENT PROCESS

After you have completed your application and sent it to the Registrar, you will be assigned an assessor who is trained to assess whether your Australian licence is equivalent to a New Zealand licence under the Licensed Building Practitioners' Scheme.

The assessor

- > will check your Australian state licensing licence/registration
- > may ask you about any information in your application that is unclear.



MUTUAL RECOGNITION APPLICATION FORM

PERSONAL DETAILS

PRIVACY

You are required pursuant to the Trans Tasman Mutual Recognition Act 1997 to provide the information requested in this application form. The information will be used to determine whether your application for registration may be granted, and for complaints and disciplinary processes. Personal information may also be used in the public LBP register, refer www.lbp.govt.nz.

Any personal information submitted will be kept and maintained by the Registrar and the Building Practitioners Board in accordance with the New Zealand Privacy Act 2020. You have the right to access, and to have corrected, any information about you that is held by the Registrar and the Building Practitioners Board.

Full name:

Alias:

DATE OF BIRTH

Date of birth: / /
 day month year

CONTACT DETAILS

Indicate if phone numbers are for either (please tick):

New Zealand

Australia

Daytime:

Evening:

Mobile:

Phone number for the Public Register:

CONTACT DETAILS (continued)

Email address:

Website address:

RESIDENTIAL ADDRESS

Street address:

Suburb:

Town/city:

Postcode:

POSTAL ADDRESS (if different from above)

Postal address:

Suburb:

Town/city:

Postcode:

If you are in the process of moving please ensure the postal address you provide is where you would like your mail sent after 30 days of submitting your application.

NEW ZEALAND LICENCES AND AREA OF PRACTICE

- I am applying for a Licensed Building Practitioner Licence in accordance with the Trans-Tasman mutual recognition principle in relation to occupations:

Tick the licence and area of practice you are applying for. You can apply for more than one licence, or area of practice, except Design, where you can only apply for one area of practice.

For more information about the scope of these licences please go to www.lbp.govt.nz

CARPENTRY

- Carpentry (covers foundations and profiled metal roofing)

DESIGN (ONE AREA OF PRACTICE ONLY)

- Area of Practice: Design 1, **OR**
 Area of Practice: Design 2, **OR**
 Area of Practice: Design 3

BRICKLAYING AND BLOCKLAYING (ONE OR BOTH AREAS OF PRACTICE)

- Area of Practice: Brick/Masonry Veneer
 Area of Practice: Structural Masonry

EXTERNAL PLASTERING (ONE OR BOTH AREAS OF PRACTICE)

- Area of Practice: Solid Plastering
 Area of Practice: Proprietary Plastering Cladding Systems (PPCS)

ROOFING (ONE OR MORE AREAS OF PRACTICE)

- Area of Practice 1 : Concrete or Clay Tile Roof
 Area of Practice 2 : Profiled Metal Roof and Wall Cladding
 Area of Practice 3 : Metal Tile Roof
 Area of Practice 4 : Roof Membrane
 Area of Practice 5 : Torch on Roof Membrane
 Area of Practice 6 : Liquid Roof Membrane
 Area of Practice 7 : Shingle or Slate Roof

FOUNDATIONS (ONE OF BOTH AREAS OF PRACTICE)

- Area of Practice: Concrete foundation walls and concrete slab-on-ground
 Area of Practice: Concrete or timber pile foundation

TTMRA DECLARATION

Enter your Australian licence details for all States you hold a licence in.

If you have more than three licences please photocopy this page and attached with your application.

1. I am registered for the following licence:

Licence number: _____ Issued by Australian State: _____

Licence type: _____

Restrictions or conditions: _____

2. I am registered for the following licence:

Licence number: _____ Issued by Australian State: _____

Licence type: _____

Restrictions or conditions: _____

3. I am registered for the following licence:

Licence number: _____ Issued by Australian State: _____

Licence type: _____

Restrictions or conditions: _____

I am **not** subject to any preliminary investigations or action that might lead to disciplinary proceedings in any participating jurisdictions.

I am **not** subject to any disciplinary proceedings in any participating jurisdictions.

My registrations in any participating jurisdictions for mutual recognition has **not** been cancelled or suspended as a result of disciplinary action.

I am not otherwise personally prohibited from carrying out the occupation for which I am seeking mutual recognition by any participating jurisdiction and am not subject to any special conditions in carrying on any such occupation as a result of criminal, civil, or disciplinary proceedings in any participating jurisdiction.

DOCUMENTS – EVIDENCE OF EXISTING REGISTRATION

You must provide:

- A **CERTIFIED** COPY OF YOUR CURRENT AUSTRALIAN REGISTRATION (eg, your licence card or an original letter from a registration authority)**.

To certify you must have a signature or official stamp from your certifier on each page of the copy, with their name and title shown clearly below their signature. Examples of people who can certify your documents include:

- > Justice of the Peace (JP) (see your local Yellow Pages)
- > lawyer or court official
- > official of the organisation that issued the original document
- > some Members of NZ Police.

OR

If you cannot provide a certified copy of your current Australian registration please ensure you provide sufficient* details to enable us to identify your existing registration that includes the following:

- I have provided sufficient details to enable the identification of my registration, a licence number, licence type or year of issue.
- I have attached documents that provide sufficient evidence of existing registration. (Eg, a copy of the record of your licence on the online register for the Australian state(s), a copy of correspondence from a registration authority. You could also ask the Australian states for a letter confirming your licence details)

You must also provide a **certified** copy of proof of identity if you do not provide the instrument evidencing your existing registration.

I HAVE PROVIDED A **CERTIFIED** COPY OF: Driver licence (both sides) **OR** Current passport

* Your licence application may be refused or postponed if sufficient information is not provided to confirm your existing registration.

** You can provide your original licence. However, we will not take responsibility if it is lost.

CONSENT TO MAKE INQUIRIES

I give consent to make inquiries of, and exchange information with, the authorities of any Australian State regarding my activities in the occupation/s for which I am seeking mutual recognition or otherwise regarding matters relevant to this application for mutual recognition.

Applicant's signature _____

Date / /
day month year

STATUTORY DECLARATION IF MADE IN NEW ZEALAND

Application for registration as licensed building practitioner in accordance with Trans Tasman mutual recognition principle in relation to occupations.

(Section 19(3)(c) Trans Tasman Mutual Recognition Act 1997)

I (full name of applicant), _____, (occupation) _____,
of (town/city) _____, solemnly and sincerely declare that the
statements that I have made, and the information that I have supplied, in the attached application form, and all
associated documents is true and correct.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and
Declarations Act 1957.

Signed by applicant _____

Declared at (place _____, this (day) _____ of (month) _____ (year) 20 _____

Before me _____
*[Full name of person before whom the declaration is made. A Justice of the Peace, Solicitor of the High Court, or other person authorised to
take a statutory declaration]*

Signed _____
(Signature of person before whom the declaration is made)

STATUTORY DECLARATION IF MADE IN AUSTRALIA

Statutory Declarations Act 1959

I (full name , address, and occupation of applicant), _____,

make the following declaration under the Statutory Declarations Act 1959.

The statements that I have made, and the information that I have supplied in the attached application form that
I have completed for the purposes of section 19 of the New Zealand Trans-Tasman Mutual Recognition Act 1997
and all associated documents is true and correct.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an
offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration
are true in every particular.

Signed of person making the declaration _____

Declared at (place _____, this (day) _____ of (month) _____ (year) 20 _____

Before me _____
(Signature of person before whom the declaration is made)

*[Full name of person before whom the declaration is made. A Justice of the Peace, Solicitor of the High Court, or other person authorised to take a statutory
declaration]*

FEES

LICENCE CLASS FEES (15% GST inclusive)

Assessment fee	\$127.78
Plus application fee	<u>\$250.00</u>
Total amount payable	\$377.78

PAYMENT

All payments must be made in NZ dollars.

Visa MasterCard

The amount to be charged to my credit card is \$

Credit card number

Expiry date (mm/yy) / CVC

Name on card

Cardholder's signature _____

I am a New Zealand tax resident and the amount charged to my credit card includes GST.

I am not a New Zealand tax resident and the amount charged to my credit card does not includes GST.

A TAX INVOICE WILL BE SENT WITH YOUR APPLICATION OUTCOME

OFFICE USE ONLY	
Type of payment	
Amount paid	\$
Date received	
Initials	

VERIFIED PHOTOS

Attach two identical passport photos (using a paper clip). The photo will be used on your photo ID licence card.

The photos **must** be:

- > no more than 12 months old
- > a face, head and shoulders shot, looking directly at the camera
- > of you without a hat, sunglasses or other accessories that obscure your face
- > a true image, not altered in any way
- > high quality colour (black and white photos are not acceptable)
- > on a plain light-coloured background (not white or dark) and no background shadow
- > between 4.5 cm and 5 cm high, and 3.5 cm and 4 cm wide
- > **signed on the back** by the verifier that it is a true likeness of you. That person must have known you for at least 12 months, and must not be related, or part of your family group or living at the same address as you. The person who signs the photos must also complete the verifying information of this application below.

I have attached two **verified** identical passport photos (please tick)

VERIFYING INFORMATION (This section must be completed by the verifier of your photos)

Verifier's full name

Town/City

Postcode

VERIFIER'S CONTACT DETAILS (this section must be completed by the verifier of your photos)

Daytime:

Evening:

Mobile:

I declare that I (name of verifier),

have known (full name of applicant)

for at least 12 months and am not related, or part of the family group, or living at the same address as the applicant.

I have signed the back of the applicant's ID photos.

Verifier's signature _____

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
day		month		year



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This document is also available on the LBP website:
www.lbp.govt.nz

