



Mutual recognition application

For recognition of building certifier's registration issued by another State/ Territory

Complete this form if you:

- want to work as an accredited building certifier in NSW, and
- are registered or qualified as a building certifier in another State or Territory.

This form is to ask the Building Professionals Board to recognise your registration/ qualification so that you may work as a building certifier in NSW.

The fastest way to submit your form is via email to bpb-accreditation@bpb.nsw.gov.au

✓	Checklist: have you...?	Where?
	Had all attached documents certified by a Justice of the Peace or a Notary Public	All sections
	Attached a certified copy of your driver's licence (front and back)	Section 1
	Attached a copy of your current registration issued by another State/ Territory	Section 2
	Attached a document showing all special conditions that apply to your current registration, if applicable	Section 2
	Victorian applicants only: attached a copy of your Graduate Certificate in Performance-Based Building and Fire Codes, if applicable	Section 2
	Attached a certificate of currency and policy schedule for your professional indemnity insurance, issued by your insurer on the insurance company letterhead	Section 4
	Completed the statutory declaration in regards to the information in your form and attached documents	Section 5
	Paid the accreditation fee – provide credit card details or EFT remittance advice	Section 6

Under the *Mutual Recognition Act 1992*, a person who is registered in a State or Territory other than NSW for an occupation equivalent to a category of accreditation regulated by the *Building Professionals Act 2005* and the *Building Professionals Regulation 2007*, is entitled, after notifying the Building Professionals Board:

- (a) to be registered in NSW for the equivalent occupation, and
- (b) pending such registration, to carry on the equivalent occupation in NSW.

Office use only – Date received:	Our reference:
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1. Your details

The following details will be published on the Board's online register of accredited certifiers. Make sure your details are correct so potential customers can contact you.

Title		Surname	
Given names			

Business details – you must provide a street address, not just a PO Box

Business name (if applicable)					
Unit/ street no.		Street			
Suburb		State		Postcode	
Mailing address (if different from above)					
Work phone		Mobile phone			
Email					

The following details **will not** be published on the online register but are required for our records.

Employment status	<input type="checkbox"/> Business owner or employee	<input type="checkbox"/> Contractor
Date of birth		
Home phone		
Home address		



Attach a certified copy of your driver's licence (front and back), or other photo ID proving your identity and current home address.

2. Victorian Registration

Registered in Victoria? Do you hold the Graduate Certificate in Performance-Based Building and Fire Codes (Victoria University)?

Yes – **attach** a certified copy of your qualification No

3. Category of accreditation sought


- | | |
|--|--|
| <input type="checkbox"/> A1 – building surveying grade 1 | <input type="checkbox"/> A3 – building surveying grade 3 |
| <input type="checkbox"/> A2 – building surveying grade 2 | <input type="checkbox"/> A4 – building inspector |
-
- B1 – subdivision certification
-
- | | |
|--|---|
| <input type="checkbox"/> C1 – private road and drainage design compliance | <input type="checkbox"/> C9 – mechanical services compliance |
| <input type="checkbox"/> C2 – private road and drainage construction compliance | <input type="checkbox"/> C10 – fire safety engineering compliance |
| <input type="checkbox"/> C3 – stormwater management facilities design compliance | <input type="checkbox"/> C11 – energy management compliance (Classes 3, 5 to 9) |
| <input type="checkbox"/> C4 – stormwater management facilities construction compliance | <input type="checkbox"/> C12 – geotechnical engineering compliance |
| <input type="checkbox"/> C5 – subdivision works & building works (location of works as constructed) compliance | <input type="checkbox"/> C13 – acoustics compliance |
| <input type="checkbox"/> C6 – subdivision road and drainage construction compliance | <input type="checkbox"/> C14 – building hydraulics compliance |
| <input type="checkbox"/> C7 – structural engineering compliance | <input type="checkbox"/> C15 – stormwater compliance |
| <input type="checkbox"/> C8 – electrical services compliance | <input type="checkbox"/> C16 – speciality hydraulic services compliance |
-
- D1 – strata certification
-

Notes:

- **To apply for E1 accreditation** to certify swimming pool barriers, download the E1 mutual recognition form from the Board's website (www.bpb.nsw.gov.au).
- Schedule 1 of the Building Professionals Regulation 2007 describes the authority conferred on each category of accreditation (www.legislation.nsw.gov.au).

4. Professional indemnity insurance

You must be covered by an individual, partnership or company insurance policy that meets the requirements of the *Building Professionals Act 2005*.

 **Attach an original certificate of currency for your insurance (or a certified copy) and policy schedule.** The certificate must include, at minimum, all the information listed on the last page of this form.

Avoid delays in processing your application by giving a copy of the last page of this form to your insurance provider. Ensure that your provider provides a certificate of currency with all the required information and on the insurance company letterhead.

Under section 61 of the Building Professionals Act you must notify the Board in writing within seven days of becoming aware of any change to your insurance that is relevant to your accreditation (such as ceasing to hold insurance).

If you're a contractor working for a company, you must have your own insurance.

Additional information required

If a **company** policy:

- How many accredited certifiers were directors or employees of the company on the date when the policy was issued? _____

or

- If the policy is the fourth or subsequent policy issued to the company, whether by the same or another insurer, what is the average number of accredited certifiers who have been directors or employees of the company during the previous three years? ____

If a **partnership** policy:

- How many accredited certifiers were partners or employees of the partnership on the date when the policy was issued? _____

or

- If the policy is the fourth or subsequent policy issued to the partnership, whether by the same or another insurer, what is the average number of accredited certifiers who have been partners or employees of the partnership during the previous three years?
- _____

5. Statutory declaration (Oaths Act 1900, NSW, Eighth Schedule)

This declaration is the notice under section 19 (2) of the *Mutual Recognition (New South Wales) Act 1992*.

I (your name), _____, do solemnly and sincerely declare that:

1. The statements made and the information provided in this notice made under section 19 (2) of the *Mutual Recognition (New South Wales) Act 1992* and the information I have provided in completing this Mutual recognition application form are to the best of my knowledge true and accurate.
2. I am registered for the occupation of _____ in the State/Territory of _____; and
3. I am seeking accreditation in the categories _____
_____ in accordance with the mutual recognition principle; and.
4. I specify in the table below all the States and Territories in which I have substantive registration for equivalent occupations are as follows:

State/Territory of registration		Registration authority		Registration	
State/Territory of registration		Registration authority		Registration	
State/Territory of registration		Registration authority		Registration	
State/Territory of registration		Registration authority		Registration	
State/Territory of registration		Registration authority		Registration	
State/Territory of registration		Registration authority		Registration	
State/Territory of registration		Registration authority		Registration	

5. I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to those occupations listed in item 4; and
6. My registration in any State or Territory of Australia is not cancelled or currently suspended as a result of disciplinary action; and
7. I am not otherwise personally prohibited from carrying on any such occupation in any State or Territory, and is not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State or Territory; and
8. I specify below any special conditions to which I am subject in carrying out my occupation in any State or Territory;

and

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

10. I have attached either the original or a copy of the original instrument evidencing all my existing registration/s in each State or Territory; and
11. The instruments evidencing all of my existing registration/s are the originals or a complete and accurate copies of the originals;

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at (place) _____ on (date) _____

Signature of declarant: _____

in the presence of an authorised witness, who states:

I (name of authorised witness) _____,

a (qualification of authorised witness) _____,

certify the following matters concerning the making of this statutory declaration by the person who made it (*please cross out any text that does not apply)

1. *I saw the face of the person **or** *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had special justification for not removing the covering, **and**
2. *I have known the person for at least 12 months **or** *I confirmed the person's identity using an identification document and the document I relied on was

(describe identification document relied on): _____.

Signature of authorised witness: _____ Date: _____

Notes:

- This statutory declaration must be signed in front of a Justice of the Peace, Notary Public, Commissioner of Affidavits or a solicitor currently practising in NSW.
- This statutory declaration must be an original document and not a copy.
- Incorrect or misleading information may lead to your accreditation being cancelled. Under the *Crimes Act 1900*, the maximum penalty for giving false or misleading information is two years imprisonment and/or a \$22,000 fine.

6. Accreditation fee (GST free)

Your form will only be processed if you pay the accreditation fee:

- \$1,500 for A1-A4 and B1 categories (or a combination of these categories)
- or
- \$750 for C1-C16 and D1 categories (or a combination of these categories)

Payment option 1. Visa or MasterCard

Credit card number																				
Name of card holder																				
Card type	<input type="checkbox"/> Visa		Expiry																	
	<input type="checkbox"/> Mastercard																			

You may instead provide your credit card details over the phone by calling (02) 8522 7800.

Payment option 2. Westpac account details for EFT (direct deposit)

Account name	Building Professional Board		
BSB	032 001	Account number	115 578



Attach a copy of the remittance advice/ receipt for EFT payments. The payment reference should include your surname and the word 'MRapp'.

Notes:

- If you apply for multiple categories of accreditation, you don't have to pay extra for each category.
- If your application is refused, the fee will not be refunded.
- If you withdraw your application before it is determined, part of the fee may be refunded.
- The Building Professionals Board's ABN is 57 391 058 258.
- A tax invoice is available on request via email: bpb-accreditation@bpb.nsw.gov.au
- We no longer accept payment by cheque.

Submit your completed form with all required attachments

Email your form to bpb-accreditation@bpb.nsw.gov.au – the checklist on the first page lists all required attachments.

You may post your form to the address below but email submission will help us process it more quickly.

You will be notified when your form has been assessed.

Certificate of currency requirements

Certifiers: give this page to your insurance provider to ensure your certificate of currency includes the following minimum information and is issued on the insurance company letterhead.

Do not prepare the certificate yourself – it must be issued by your provider.

Instructions for insurance provider:

Issue a certificate of currency on the insurance company letterhead. The certificate **MUST** have ALL the following details:

- Insurance company name
- Confirmation that the insurance is professional indemnity insurance and covers statutory liability for accredited certifiers (see note below)
- Policy number
- Name of the insured
- Whether the policy is for an individual, partnership, or company
- Policy start and end dates
- Retroactive date
- Limit of indemnity and whether it is inclusive/ exclusive of relevant expenses in respect of any one claim (see note below)
- Limit of indemnity and whether it is inclusive/ exclusive of relevant expenses in respect of all claims made in any one year (see note below)
- The professions that the policy covers (it must cover 'accredited certifier')
- Confirmation that the insurance has been issued and date of issue

Note: the *Building Professionals Regulation 2007* defines statutory liability for accredited certifiers in clause 9 and relevant expenses in clause 14(5)(c).