

Notification for mutual recognition of an equivalent occupation

Mutual Recognition (New South Wales) Act 1992 *Trans-Tasman Mutual Recognition (New South Wales) Act 1996*

Read the *Guideline for notification for recognition of an equivalent occupation in the NSW mining industry* before completing this form

I,

(Insert notifier's full name in BLOCK letters)

in accordance with the mutual recognition principle, apply for registration in New South Wales as a

(insert NSW occupation - see table on page 2)

under the provisions of the (choose one):

Mutual Recognition (New South Wales) Act 1992

Trans-Tasman Mutual Recognition (New South Wales) Act 1996

NOTIFIER'S CONTACT DETAILS:

Residential address: _____

Postal address: _____

Home telephone: _____ Mobile: _____

*Date of birth: _____ *Place of birth: _____

Email: _____

* For identification purposes, a Justice of the Peace-certified copy of your birth certificate / passport must also be attached.

OCCUPATIONS AND FEES:

The following statutory occupations under the *Coal Mine Health and Safety Act 2002* (CMHS Act) and the *Mine Health and Safety Act 2006* (MHS Act) require registration. The fees applicable to a notification seeking mutual recognition are listed in the following table:

Occupation	Legislation	Fee
manager of mining engineering at an underground coal mine	CMHS Act	\$380
manager of mining engineering an open cut coal mine	CMHS Act	\$380
mining supervisor (undermanager of an underground coal mine)	CMHS Act	\$360
mining supervisor (deputy of an underground coal mine)	CMHS Act	\$340
mining supervisor (examiner of an open cut coal mine)	CMHS Act	\$340
production manager of an above ground mine	MHS Act	\$100
production manager of an underground mine	MHS Act	\$100

DETAILS OF EXISTING INTERSTATE OR NEW ZEALAND REGISTRATION

(Note: 'Registration' includes any certificate, licence, approval, etc.)

Specify all the States or Territories or New Zealand in which you currently hold or previously held registration for this occupation.

State / Territory / New Zealand	Occupational registration / certificate / licence	Date of issue

The original or a copy of the existing registration instrument (or document), certified by a JP, must accompany this notification form. If there is no such instrument, sufficient information to identify you and your registration must be provided.

REGISTRATION STATUS IN OTHER STATES, TERRITORIES OR NEW ZEALAND

I declare:

1. I am not the subject of disciplinary proceedings in any State or Territory or New Zealand (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the occupation.
2. My registration in any State or Territory or New Zealand is not cancelled or currently suspended as a result of disciplinary action.
3. I am not otherwise personally prohibited from carrying on any such occupation in any State or Territory or New Zealand, and am 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 or New Zealand.



4. Any special conditions to which I am subject in carrying on any such occupation in any State or Territory or New Zealand are (if so, provide details below):

Three horizontal lines for providing details of special conditions.

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

STATUTORY DECLARATION

I, _____ (Full name in BLOCK letters)

of _____

_____ (Full residential address)

do solemnly and sincerely declare that:

- 1) the statements and information in this notice are correct to the best of my knowledge and belief, and
2) that any registration document attached is a complete and accurate copy of the original.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the NSW Oaths Act 1900 and subject to the punishment by law provided for any wilfully false statement in any such declaration in NSW.

Signature of person making this declaration _____

Declared and signed at _____ (Place and State/Territory)

on this _____ day of _____ 20__.

before me: _____ (Name and title of above person before whom this declaration is made – in BLOCK letters, with JP number (if applicable))

(Signature of JP or other authorised persons under the Oaths Act 1900 in NSW, or under legislation in other States / Territories)



I enclose payment by **CHEQUE / MONEY ORDER / CREDIT CARD** for the prescribed fee (refer page 2) (nil GST applicable) made payable to **NSW TRADE & INVESTMENT**.

Card type: BANKCARD / MASTERCARD / VISA / AMEX / DINERS (circle type applicable)

Cardholder's name: _____

Card number: _____ **Card expiry date:** _____

CVV or CVC number: _____ (3 digit number found on back of card, or 4 digit for AMEX)

Amount to be charged: \$ _____ **Cardholder's signature:** _____

Send this completed form to:

Mining Industry Competencies Unit
Mine Safety Performance
NSW Trade & Investment
PO Box 344
Hunter Region Mail Centre NSW 2310
Tel 02 4931 6625 Fax 02 4931 6706
Email: coalcompetence.board@industry.nsw.gov.au

Privacy statement

The NSW Department of Trade & Investment Regional Infrastructure & Services is collecting the information on this form in relation to your notification for recognition of an equivalent occupation in the NSW mining industry. This information is collected pursuant to the provisions of the *Mutual Recognition (New South Wales) Act 1992* and the *Trans-Tasman Mutual Recognition (New South Wales) Act 1996*. This information will only be accessed by authorised employees within the Department. However, some of your information may be exchanged with the authorities of any State or Territory or New Zealand regarding your activities in the relevant occupation or otherwise regarding matters relevant to this notice. Your information will not be disclosed to any other parties unless authorised or required by law.

Office use only:

Receipt for: *Mutual Recognition Registration Notice application*

Verified by MICU – *Initials:* _____

MICU use: *Receipt #:* _____ *Dated:* _____