

STATUTORY DECLARATION FOR MUTUAL RECOGNITION

Statutory Declarations Act 1959 (Commonwealth)

THIS STATUTORY DECLARATION SHOULD ONLY BE COMPLETED IF YOU HOLD A CURRENT LICENCE/REGISTRATION IN ANOTHER STATE OR TERRITORY AND YOU ARE SEEKING MUTUAL RECOGNITION OF THAT LICENCE.

APPLICANTS SEEKING A LICENCE UNDER MUTUAL RECOGNITION ARE NOT REQUIRED TO PROVIDE A POLICE CHECK OR QUALIFICATIONS OR PLACE A NOTICE OF THEIR INTENTION TO HOLD A LICENCE/REGISTRATION

I, Name in full,
of Full residential address,
whose current occupation is _____,

I hereby give notice pursuant to the *Mutual Recognition (Australian Capital Territory) Act 1992*, that I am seeking a licence/registration for an equivalent occupation in accordance with the mutual recognition principle and I make the following declaration under the *Statutory Declarations Act 1959* (C'wlth)

1	I am licensed/registered as a: (eg: real estate agent/salesperson, business agent/salesperson, stock & station agent/salesperson)	In the State or Territory of:
2	I seek to be licensed/registered for the above occupation in the Australian Capital Territory in accordance with the mutual recognition principles.	
3	I also hold a substantive licence/registration for the equivalent occupation in the following jurisdictions:	
	<input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> TAS <input type="checkbox"/> WA <input type="checkbox"/> SA <input type="checkbox"/> NT	
4	I am not a subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to that occupation.	
5	My licence/registration is not cancelled or currently suspended as a result of disciplinary action in any State or Territory.	
6	I am not otherwise personally prohibited from carrying on such occupation in any State or Territory 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.	
7	I am subject to the following special conditions (if any) in carrying on that occupation in the State, States or Territory:	
8	I give my 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 otherwise regarding matters to this notice.	
9	I attach a copy of my current State or Territory licence/registration.	

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

SIGNATURE OF PERSON MAKING THIS DECLARATION

✕

Signature of person making the declaration

Declared at _____ On the _____ Day of _____ 20____

Before me ✕

Signature of witness

Full name of witness

of Full residential address

whose qualification is _____