

Notice for Registration of Equivalent Occupation Driving Instructor's Licence Mutual Recognition Act 1992

1. Personal Details

Family name	<input type="text"/>	Given names	<input type="text"/>
Postal address	<input style="height: 40px;" type="text"/>		
Suburb/Town	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>
Business address <i>(if applicable)</i>	<input style="height: 40px;" type="text"/>		
Suburb/Town	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile no.	<input type="text"/>
Facsimile	<input type="text"/>		

2. Occupation

I am seeking registration for the following occupation in New South Wales in accordance with the mutual recognition principle -

DRIVING INSTRUCTION

3. Details of current interstate registration for this occupation

(Note "registration" includes any licence, admission, approval, certificate, etc.)

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

State/Territory	Occupational registration/ licence	Registration/ licence number	Current (Yes/No)

A copy of the current registration document/s or licence must accompany this notice.

/Complete over page

4. Conditions

Are there any conditions, limitations or restrictions which apply to your registration in any State or Territory? (If so, provide details below.)

5. Registration Status in other States or Territories

In relation to the occupation for which registration is sought, I declare that -

- (a) I am/am not* the subject of disciplinary proceedings in any State or Territory (including preliminary investigations that may lead to disciplinary proceedings) in relation to this occupation and
- (b) my registration in any State or Territory is/is not* cancelled or currently suspended as a result of disciplinary action: and
- (c) I consent to the making of enquiries of, and the exchange of information with the authorities of any State or Territory regarding my activities in the relevant occupation and any other matters relevant to this notice.

** Cross out whichever is not applicable: provide details if necessary*

STATUTORY DECLARATION

I, (Full Name)

of (Address)

Occupation

Do solemnly and sincerely declare as follows:- (1) that 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 the original or a complete and accurate copy of the original. And I make this solemn declaration by virtue of the Statutory Declarations Act 1959 and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular; and

Information supplied may be disclosed to the law enforcement, registration and licensing agencies of NSW and other States and Territories for the purposes of law enforcement, protection of the public revenue or location of the person whom the information relates.

Signature of person making this declaration

Declared at (Place and State/Territory)

this day of 20

before me: JP#

(signature of person before whom this declaration is made)

(Printed name and title of person before whom this declaration is made)

(# Must be a Justice of the Peace or other person approved to witness a Statutory Declaration)

IMPORTANT NOTICE The carrying on of business in NSW under relevant State legislation is still subject to the payment of relevant fees and compliance with any other requirements as are applicable e.g. registration of business name, approval of trading premises, operation of trust accounts, etc.