

E111 – Mutual Recognition Application Form

Shotfirer, Licence to Use, Fireworks Operator, Explosives Driver Licence
Explosives Act 1999



Resources Safety & Health
Queensland

Important information on completing this application form

- This application form is intended for a person who holds an equivalent occupational authority in another state or territory and wants to apply for an equivalent licence in Queensland under the *Mutual Recognition (Queensland) Act 1992*.
- All licence applications received under mutual recognition are valid for one year only. To renew the licence after this period, the licence holder must obtain the mandatory competencies relevant for the type of licence from a Registered Training Organisation.
- Where documents are required to be certified, they must be a certified copy of the original document and be certified only by a lawyer, justice of the peace, notary public or commissioner for declarations.
- The information entered onto this form must be printed in blue or black ink.
- Each box in the relevant 'Required items' sections of this form must be completed.
- The application form must be; completed in full, signed and dated.
- Ensure the correct fee(s) is paid for the licence period applied for (refer [Information Bulletin No 37](#)).

REQUIRED ITEMS: (tick if provided or cross if not provided)

- Payment or proof of payment of licence fee for selected period.
- A certified copy of a [F3712 – Medical certificate for motor vehicle driver](#) or an acceptable equivalent (i.e. any assessment form issued by a government agency assessing a person's fitness to drive) issued within the past 3 years and completed to commercial standards.
- A certified copy of your current Senior First Aid Certificate or equivalent, dated within the last 3 years (**for fireworks operators only**).
- Additional evidence to support equivalent explosives licence (where applicable).

SECTION 1 – INDIVIDUALS ONLY - Have you applied for, or do you hold, a current security clearance?

YES **SECURITY CLEARANCE NO:**
(Provide if known, first 8 digits only)

NO If **NO**, please note that your application may be refused unless you hold a valid security clearance when the licence application is being decided.

Individual applicant details:

Title: First name: Middle name(s): Last name:

Date of birth: Place of birth: Current nationality: Gender: Female Male

Drivers licence number: Drivers licence state: Email:

Business phone: Private phone: Mobile phone: Emergency phone:

Residential address: Suburb or town: State: Post code:

Postal address (Same as above): Suburb or town: State: Post code:

Continue to [section 2](#)

SECTION 2 – MUTUAL RECOGNITION DETAILS:

Using schedule 2 & 3 on the [Mutual Recognition \(Equivalence of Gaming and Other Occupations\) Declaration 2009](#) (Shotfirers or Pyrotechnicians) or schedule 2 on the [Mutual Recognition \(Equivalence of Driving and Property Occupations\) Declaration 2015](#) (Explosives Driver Licence) list the state or territory in which your current licence was issued, along with the licence name/type and category in **Column A – First Jurisdiction**. Also include any special conditions and/or restrictions exactly as stated on your licence. In **Column B – Second Jurisdiction (QLD)**, list the equivalent Queensland licence name/type(s) as shown in the schedule. Please note that in some cases more than one Queensland licence name/type may be required.

Column A – First Jurisdiction	Column B – Second Jurisdiction (QLD)
Applicant to list details of current licence in first jurisdiction	Applicant to list licence details of Queensland equivalent licence(s)

Continue to [section 3](#)

SECTION 3 – PRIVACY STATEMENT AND DECLARATION

Privacy statement

Resources Safety & Health Queensland collects personal information from you, including your name, contact details, biometric information and information about your eligibility for an occupational authority. We collect this information to process your application for an authority and for administering authorities generally. The *Explosives Act 1999* allows or authorises us to collect this personal information. Your information may be reproduced on your authority, used in the administration of your authority and may be shared with other persons, including other Australian and New Zealand explosives regulators. This may include publishing authority details, other than your contact details, in an online register of authority holders. Your information may also be used to provide you with explosives safety updates, for statistical research, for auditing purposes, evaluation and reporting of our services. We will only use your information for these purposes. It will otherwise not be used or disclosed unless authorised or required by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*.

DECLARATION: I, as the individual applicant hereby make application and declare the information provided to be true and accurate to the best of my knowledge at this time. Should this application be successful, the applicant agrees to comply with the *Explosives Act 1999*, *Explosives Regulation 2017* and any conditions imposed.

- I acknowledge that any authorities issued to me may be suspended or cancelled if the security clearance held by me has expired, or is cancelled, suspended or surrendered.
- the disclosure of information will be subject to Commonwealth, State or Territory legislation where it applies, or the policy of the police service making disclosure, or both.

The applicant acknowledges that;

- it is an offence under Section 188 of the *Explosives Regulation 2017* to provide false or misleading information in any application for an authority or renewal of an authority; and
- under section 15, 16 & 16A of the *Explosives Act 1999*, the Chief Inspector may make inquiries about a person's appropriateness to hold an authority; and
- under section 17 of the *Explosives Act 1999*, the Chief Inspector must refuse an application for a security sensitive authority unless the applicant holds a security clearance; and
- under section 23(1)(a) of the *Explosives Act 1999*, an authority issued based on incorrect or misleading information may be cancelled.

Declaration under Section 19(2) of the *Mutual Recognition Act (Qld) 1992*

Please complete all sections.

- (a) I _____ hold a current _____ licence in the state of _____.
- (b) I wish to seek registration for the equivalent explosives licence _____ in the state of Queensland in accordance with the mutual recognition principle.
- (c) I hold a current substantive explosives licence/s for _____ and number in the state/s of _____.
- (d) I declare that I am not subject of disciplinary proceedings in any state (including preliminary investigations or actions that might lead to disciplinary proceedings) in relation to my occupation and explosives authority.
- (e) I declare that my explosives licence currently held in the state of _____ is not cancelled or currently suspended as a result of disciplinary action.
- (f) I declare that I am not otherwise personally prohibited from carrying out such activities associated with my current substantive explosives licence in the state of _____, and I am not subject to any special conditions in carrying out these activities, as a result of criminal, civil or disciplinary proceedings in any other state.
- (g) I specify that the following special condition/s is/are enforced on my current substantive explosives licence held in the state of _____. List condition/s as stated on the licence:

- (h) I give consent for the regulatory authority in the state to which I am making application, this being the Explosives Inspectorate, Resources Safety and Health Queensland, to the making of enquiries of, and the exchange of information with, the authorities of any state regarding my activities in the relevant occupation or occupations or otherwise regarding matters relevant to the notice.
- (i) I declare that I have accompanied this notice, a certified copy of my current substantive explosives licence for the state of _____.
- (j) I declare that the accompanying document/s is/are the original or a complete and accurate copy of the original and have been certified by an authorised person to do so.
- (k) I declare that any supporting information that I have included with this notice as evidence of my existing substantive explosives licence for the state of _____ and is/are the original or a complete and accurate copy of the original and have been certified by an authorised person to do so.
- (l) Any statements and/or other information that I have provided with this notice has been verified by a Statutory Declaration.
- (m) I give permission for the Explosives Inspectorate to amend the notice after it has been lodged.

Title:

First name:

Last name:

SIGNATURE (PLEASE SIGN WITHIN BOX)

DATE

Oaths Act 1867

Statutory Declaration

I, _____

Of _____

_____ in the State/Territory of _____, do solemnly and sincerely declare that:

1. I am applying to recognise a licence in accordance with the mutual recognition principle under the *Mutual Recognition (Queensland) Act 1992*.
2. The statements and other information included in the Mutual Recognition Application form for Equivalent Occupational Authority and the documents I have provided are true and correct in every particular.
3. I have provided the original instrument or a copy of the original instrument evidencing my existing registration in this occupation (or if there is no such instrument, I have provided sufficient information to identify me and my registration).
4. I am not the subject of any disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to this occupation.
5. My registration in this occupation is not cancelled or currently suspended in any State or Territory as a result of disciplinary action.
6. I am not otherwise personally prohibited from carrying on this occupation in any State or Territory.
7. I am not subject to any special conditions in carrying out this occupation, as a result of criminal, civil or disciplinary proceedings in any State or Territory.
8. 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 this occupation or otherwise regarding matters relevant to the application.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

Signature of person making declaration

Taken and Declared before me, at _____

On the _____ day of the month _____, 20 _____

Signature of Justice of the Peace / Commissioner for Declarations / Notary Public / Lawyer

Name: _____ Date: _____

(Full name of person before whom the declaration is made)