

Trans-Tasman Mutual Recognition Act 1997

Notice Seeking Certificate of Competence under Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016

Use this form to give notice to the New Zealand Mining Board of Examiners that you wish to be issued with a certificate of competence under the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016 in accordance with the Trans-Tasman Mutual Recognition Act 1997 (TTMRA).

Email: BoE_Secretariat@worksafe.govt.nz **Post:** BoE Secretariat, PO Box 165, Wellington 6140

1. Applicant details

Full name:
Physical address: (include postcode)
Postal address: (with company name if applicable) <input type="radio"/> Same as above
Date of birth: DD / MM / YEAR
Gender: <input type="radio"/> Male <input type="radio"/> Female
Mobile phone:
Work phone:
Email:
Company name and address:
Signature:
Date: DD / MM / YEAR

2. Application type

- SSE Tunnelling operation
- SSE Underground coal mining operation
- SSE Opencast coal mining operation
- SSE Underground metalliferous mining operation
- SSE Opencast metalliferous mining operation
- First Class Mine Manager
- First Class Coal Mine Manager
- A Grade Opencast Coal Mine Manager
- B Grade Opencast Coal Mine Manager
- A Grade Quarry Manager
- B Grade Quarry Manager
- A Grade Tunnel Manager
- B Grade Tunnel Manager
- Coal Mine Deputy
- Coal Mine Underviewer
- Supervisor Underground Metalliferous
- Supervisor Tunnelling
- Supervisor Opencast Coal
- Supervisor Opencast Metalliferous
- Electrical Superintendent
- Mechanical Superintendent
- Mine Surveyor
- Ventilation Officer
- Winding Engine Driver

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3. Payment

In accordance with the fees set out in Schedule 2 of the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016, an application for a certificate of competence is to be accompanied by the fee shown below:

Certificate	Fee
Issue of any certificate of competence	\$140.00

If you are paying \$AU please be aware of bank charges.
All fees are GST inclusive.

Please tick if a GST invoice is required and ensure that the correct billing address is provided.

Please indicate how you will make payment for this certificate of competence(s):

Payment by cheque
Please make cheques out to WorkSafe New Zealand.
Please send all cheques to: New Zealand Mining Board of Examiners (BoE) Secretariat, PO Box 165, Wellington 6140

Payment by direct credit
To ensure payment reaches the BoE secretariat, complete the fields in the direct credit form/online accurately in the manner indicated below:
Account Name: WorkSafe NZ
Bank: Westpac Account: 03-0251-0040445-000
Particulars: Last name
Code: First name
Reference: Extractive CoC

Date of payment: / /

Amount:

4. Australian equivalent certificate of competence

I hold an Australian certificate of competence for the equivalent occupation in the following Australian jurisdiction(s):

You must hold a valid, equivalent certificate of competence in one of the following Australian jurisdictions: ACT, NSW, NT, QLD, SA, TAS, VIC or WA.

I hold the following Australian certificate(s) of competence:

Tick each of the following statements, if they are correct:

I am seeking a certificate of competence in accordance with the Trans-Tasman Mutual Recognition principle in relation to occupations.

I am not, in relation to any occupation for which the Australian certificate(s) of competence has/have been issued, the subject of any preliminary investigations or action that might lead to disciplinary proceedings in any Australian jurisdiction.

I am not, in relation to being the holder of the Australian certificate(s) of competence, the subject of any disciplinary proceedings in any Australian jurisdiction.

My Australian certificate(s) of competence is/are neither cancelled nor suspended in any Australian jurisdiction as a result of disciplinary action.

I am not otherwise personally prohibited from carrying on any occupation for which the Australian certificate(s) of competence has/have been issued in any Australian jurisdiction.

I am not subject to any special conditions in carrying on any occupation for which the Australian certificate(s) of competence has/have been issued, as a result of criminal, civil, or disciplinary proceedings in any Australian jurisdiction.

I am subject to the following special conditions in carrying on the occupation for which the Australian certificate(s) of competence has/have been issued:

I consent to the making of inquiries of, and the exchange of information with, the authorities of any Australian jurisdiction regarding my activities in the relevant occupation or occupations or otherwise regarding matters relevant to the notice.

You must attach your original Australian certificate(s) of competence or a copy of it/them and certify in this notice they are either the original or a copy/copies. Do this by ticking the correct statement:

I certify that the attached document(s) is/are my original Australian certificate(s) of competence.

I certify that the attached document(s) is/are a copy/copies of my original Australian certificate(s) of competence.

5. Checklist

Please check you have completed and understand the following:

Your details

I have completed all the details on pages 1 and 2.

Fees

I have completed payment information on page 2.

Certificate of competence

I have attached a certified copy of my Australian equivalent certificate of competence..

Identification

I have enclosed a certified copy of my identification.

For any queries and/or to return the completed form please contact WorkSafe New Zealand: BoE_Secretariat@worksafe.govt.nz

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Appendix A: Statutory declaration

Use this section to verify the statements and other information provided.

Email: BoE_Secretariat@worksafe.govt.nz **Post:** BoE_Secretariat, PO Box 165, Wellington 6140

I: (full name)	Declared at: (place)
Of: (home address)	On the day of 20
	Before me: (full name)
	Authority to witness: (eg Justice of the Peace or solicitor of the High Court)

do solemnly and sincerely declare that the statements and other information in this notice are true and correct, and make this solemn declaration consistently believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of declarant:

A declaration in New Zealand must be made before an authorised person, such as a Justice of the Peace, a barrister and solicitor of the High Court, a Registrar or Deputy Registrar of the High Court or a District Court, a member of Parliament, or other person authorised to take declarations. In Australia, a declaration must be made before a Judge, a Commissioner of Oaths, a notary public, a Justice of the Peace, a Commonwealth representative, a solicitor of the High Court of New Zealand, or any person authorised by the law of Australia to administer an oath there for the purpose of a judicial proceeding.