



---

**APPLICATION**  
**Under Section 19 of the *Mutual Recognition (SA) Act, 1993***  
**for the**  
**MUTUAL RECOGNITION OF AN EQUIVALENT OCCUPATION**  
**MINE OR QUARRY MANAGER**

---

**1. DETAILS OF APPLICANT**

Surname: ..... Given Names: .....

Address: .....

..... P/Code .....

Date of Birth: ..... Place of Birth: .....

Telephone: ..... Facsimile: .....

Current employment position: .....

Employer: .....

Work address : .....

.....

Work Telephone: ..... Work Facsimile: .....

Email: .....

Mobile phone/s .....

**2. REGISTRATION SOUGHT**

Occupation for which Mutual Recognition is being sought:

.....

.....

.....

---

### 3. DETAILS OF STATUTORY QUALIFICATIONS

Title of Registration Document(s)

.....

.....

.....

Document Number: .....

Date of Issue: .....

Registration Authority:.....

.....

Place of Issue: .....

(A copy/original is attached and has been verified by the Justice of the Peace or equivalent)

What other States do you have substantive registration for equivalent occupations (list all):

.....

.....

Are there any limitations, conditions or restrictions which apply to your registration in any other State or Territory? (If yes, please give details)

.....

.....

.....

.....

.....

.....

### 4. EDUCATIONAL QUALIFICATIONS OR COURSES COMPLETED

State the relevant courses completed by you and the level of achievement:

.....

.....

.....

*(Additional details may be attached)*

## 5. DETAILS OF EXPERIENCE RELEVANT TO THAT OCCUPATION

State the extent of your experience relating to this occupation:

.....

.....

.....

.....

.....

.....

## 6. FURTHER DECLARATIONS – please circle the relevant answer – **all questions must be answered**

- (a) **I am not / I am** the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to this occupation .....
- (b) My registration in any State or Territory **is not / is** cancelled or currently suspended as a result of disciplinary action. ....
- (c) **I am not / I am** otherwise personally prohibited from carrying on any such occupation in any State or Territory, and **I am not / I am** subject to any special conditions in carrying on that occupation as a result of criminal, civil or disciplinary proceedings in any State or Territory. ....
- (d) Any other special conditions to which I am carrying on any such occupation in any States or Territory which are:
- .....
- .....
- .....
- .....
- (e) The attached document(s) **is / are an original / a complete and accurate copy** of my registration for
- .....
- .....

## 7. **CONSENT TO INQUIRE - please circle the relevant answer to each question**

I consent to the making of inquiries, and the exchange of information with, the Authorities of any States or Territory regarding my activities in the relevant occupation or otherwise regarding matters relevant to this application. .... **YES / NO** .....

The above statements and any information in or attached to support this application are verified by the attached Statutory Declaration and have been witnessed by a Justice of the Peace (JP) or equivalent. .... **YES / NO** .....

Signed ..... Date ...../...../.....

*I declare that my application is true and correct and has been witnessed by a JP or equivalent on the accompanying Statutory Declaration form . I have I have also included payment for the amount of \$..... (refer fee schedule).*

Please send your application, together with any supporting information, Statutory Declaration, and fee for payment to;

### **Julie Dean**

Mining Regulation  
Mineral Resources  
Department for Energy and Mining (DEM)  
GPO Box 320  
ADELAIDE SA 5001

Email enquiries to [DEM.MiningRegRehab@sa.gov.au](mailto:DEM.MiningRegRehab@sa.gov.au)