

ASBESTOS REMOVAL LICENCE – APPLICATION

ASBESTOS – 01 DECEMBER 2017

Complete this form to apply for a new licence or to renew a licence for asbestos removal work under the WHS Regulation.

Complete the *Asbestos removal supervisor nomination form* (Asbestos – 03) (catalogue no. SW08074) to add additional supervisors to your licence application.

How to fill in this form

Please refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125) when completing this application.

Please type directly into the form. When complete, save a copy before emailing or printing.

If completing by hand, please print clearly and mark box(es) with a tick where required.

Fees

Refer to the [SafeWork NSW fees schedule](#) on the SafeWork NSW website or call 13 10 50.

Lodgement instructions

Email (preferred): licensing@safework.nsw.gov.au
(credit card payments only)

Post: SafeWork NSW – Locked Bag 2906,
Lisarow, NSW 2252.

Email, or post the application – do not send more than once.

Privacy compliance statement

Information that you voluntarily provide in this form is collected by SafeWork NSW to assess and process your application.

SafeWork NSW intends to use and disclose the information (including any personal information) you have provided in the following ways:

1. to exercise its functions under the *Work Health and Safety Act 2011*, including to administer, monitor and enforce compliance with that Act
2. to record your information on a licence register, parts of which will be published online
3. to disclose your information to other state, territory and the Commonwealth regulatory authorities
4. to educate about work health and safety and contribute to external research about work health and safety
5. as otherwise required or permitted by law, including for the purpose of prosecution.

SafeWork NSW has a Privacy Management Plan which provides more detailed information about who SafeWork NSW is, how to contact SafeWork NSW, and how SafeWork NSW manages personal and health information in line with NSW privacy laws. A copy of the Privacy Management Plan is available at www.safework.nsw.gov.au.

The Privacy Management Plan provides detailed information about how you may access or amend personal information held about you by SafeWork NSW.

SECTION 1. TYPE OF APPLICATION

Mark appropriate boxes

For new applications please complete all sections.

For renewals you must complete sections 1, 5, 10, 11 and 12 and sections 2, 3, 4, 6, 7, 8 and 9 if details have changed from previously advised. You must also submit details of asbestos removal work of the class for which the renewal is sought. Include dates when the work was performed.

New application. Please go to section 2.

Renewal. Please complete the following.

Asbestos removal licence number

Expiry date (DD/MM/YYYY)

Name on the licence

State/territory or Commonwealth (Cth) of issue.

Was your expiring licence issued by the work health and safety regulator of another state or territory or the Commonwealth?

Yes. If yes please provide reasons for requesting the renewal in NSW.

No

Details of asbestos removal work performed in the last five years. If space is insufficient please attach to this application a sheet of paper with the information.

SECTION 2. CLASS OF ASBESTOS

Friable (Class A) asbestos removal

Non-friable (Class B) asbestos removal

Friable (Class A) asbestos fire doors and safes only

SECTION 3. CERTIFIED SAFETY MANAGEMENT SYSTEM

Friable asbestos (Class A) applicants and licence holders (renewals) are required to submit with their applications evidence that a certified safety management system is in place that complies with AS 4801: 2001 *Occupational health and safety management system* or its equivalent.

I have attached evidence that I have the required safety management system in place.

SECTION 4. APPLICANT DETAILS

Mark appropriate boxes

Copy of the certificate of business (trading) name (if applicable) and copy of the certificate of registration of the corporation (if applicable) must be submitted with the application.

Individual Corporation

I have attached a copy of the registration of business (trading) name (where applicable).

I have attached a copy of the certificate of registration of the corporation (corporation applicants).

SECTION 4.1 INDIVIDUAL APPLICANT OR CONTACT PERSON FOR A CORPORATION

Title	Family/Surname	Sex	
		Male	Female
Given name		Date of birth (DD/MM/YYYY)	
Other names		Daytime contact number	Mobile number
Email			

SECTION 4.2 CORPORATION DETAILS (IF APPLICABLE)

Registered name	Registered business (trading) name (if applicable)
ABN (for Australian businesses only)	

SECTION 4.3 ADDRESS (STREET ADDRESS FOR AN INDIVIDUAL OR REGISTERED BUSINESS ADDRESS FOR A CORPORATION)

STREET ADDRESS (MUST NOT BE A PO BOX)	POSTAL ADDRESS	Same as street address
Unit number/Street number/Property number (include Lot or DP number if applicable)	Unit number/Street number/Property number (include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)	
Street name	Street name	
Suburb	Suburb	
State	Postcode	State Postcode

SECTION 5. INSURANCE

If you are an employer and not exempt under the *Workers Compensation Act 1987* (WC Act) from holding a workers compensation insurance policy, you must supply a certificate of currency for workers compensation insurance with this application. Refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125).

WORKERS COMPENSATION INSURANCE

I am an exempt employer under the *Workers Compensation Act 1987* **OR**

I have **attached** a copy of the certificate of currency for workers compensation.

SECTION 6. NOMINATED SUPERVISOR'S DETAILS

Individual applicants who intend to supervise the carrying out of the asbestos removal work for which authorisation is sought and do not intend to nominate additional supervisors go to section 7.

Title Family/Surname Unit number/Street number/Property number
(include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Given name Street name

Other names Suburb

Sex State Postcode
Male Female

Date of birth (DD/MM/YYYY)

Daytime contact number

Mobile number

Email

Additional supervisor(s)

You must complete and attach the *Asbestos removal supervisor nomination form* (Asbestos - 03) (catalogue no. SW08074) for each additional supervisor that you wish to nominate.

I am nominating additional supervisor(s)

Yes. Please complete details below.

No. Please go to section 7.

I have attached (insert the number) of asbestos removal supervisor nomination forms.

SECTION 7. QUALIFICATIONS OF THE INDIVIDUAL APPLICANT OR THE NOMINATED SUPERVISOR

Refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125) for more details about the knowledge and experience required.

Have you previously been authorised as a supervisor or licence holder for the asbestos removal licence sought?

No. Please go to section 8.

Yes. Please indicate the asbestos removal work and the licence holder name and/or the licence number for whom you supervised the work.

Non-friable asbestos (Class B) removal work

Licence holder name/licence number

Friable (Class A) asbestos removal work

Licence holder name/licence number

Friable (Class A) asbestos fire doors and safes only

Licence holder name/licence number

Please go to section 10.

SECTION 8. EXPERIENCE OF THE INDIVIDUAL APPLICANT, IF THEY ARE TO SUPERVISE THE ASBESTOS REMOVAL WORK OR THE NOMINATED SUPERVISOR

Refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125) for more details.

I have attached a description of the work undertaken

I have attached written references that support the description of the work undertaken

Please go to section 9.

SECTION 9. EVIDENCE OF TRAINING OF THE INDIVIDUAL APPLICANT, IF THEY ARE TO SUPERVISE THE ASBESTOS REMOVAL WORK OR THE NOMINATED SUPERVISOR

Attach a copy of a certificate showing successful completion of the Vocational Education and Training (VET) course for the asbestos authorisation(s) sought. Refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125) for more information.

I have attached a copy of my certificate(s)

GENERAL CONSTRUCTION INDUCTION TRAINING

It is a requirement of the WHS Regulation that workers carrying on construction work must have a General Construction Induction Training (GIT) card, or training certification pending the issue of a GIT card.

GIT card number for the individual applicant or nominated supervisor for the corporation

If a GIT course was completed within the last 60 days, provide the Statement of Training number issued by the registered training organisation

If issued outside NSW, provide the state or territory where issued (a copy of the front and back of the interstate card must also be attached)

SECTION 10. FURTHER INFORMATION

Have you and in the case of a corporation applicant, has the corporation and each officer of the corporation ever been convicted or found guilty of an offence under the WHS Act or WHS Regulation or under the workplace health and safety law of another state, territory or the Commonwealth?

Yes. If yes provide details. No

Have you and in the case of a corporation applicant, has the corporation and each officer of the corporation been convicted or found guilty of any offence in relation to the unlawful disposal of hazardous waste under the *Protection of the Environment Operations Act 1997* (PEO Act)?

Yes. If yes provide details. No

Have you and in the case of a corporation applicant, the corporation and each officer of the corporation ever entered into an enforceable undertaking under the WHS Act or under the workplace health and safety law of another state, territory or the Commonwealth?

Yes. If yes provide details. No

Have you and in the case of a corporation, the corporation and each officer of the corporation been previously refused an equivalent licences under the workplace health and safety law of another state, territory or the Commonwealth?

Yes. If yes provide details. No

Have you and in the case of a corporation, the corporation and each officer of the corporation previously held an equivalent licence under the workplace health and safety law of another state, territory or the Commonwealth?

Yes. If yes provide details. No

Was there any condition(s) on the licence?

Yes. If yes provide details. No

Was the licence suspended or cancelled? (include details of any disqualification)

Yes. If yes provide details. No

SECTION 11. APPLICANT'S DECLARATION

The declaration must be signed by each individual partner for partnership applicants or each individual in an unincorporated association for an unincorporated association applicant. Please copy this page and complete the declaration as required.

I, _____ (print name)

declare and understand that:

- I have read the privacy compliance statement and consent to SafeWork NSW using my information (including personal information) as outlined in that statement
- to the extent that I have provided personal information about another person, I have authority from that person to complete and submit this application and to provide consent on that person's behalf
- the information supplied in this application is true and correct to the best of my knowledge.

SafeWork NSW compiles a public register of asbestos removal licence holders on the SafeWork NSW website.

Please mark the proposed region(s) you will operate in, as per the SafeWork NSW region map key below.

A B C D E F G H I J K L M or ALL



Applicant's signature

Date (DD/MM/YYYY)

SECTION 12. LODGEMENT FEES

A fee must be paid on lodgement of the application form.

Refer to the [SafeWork NSW fees schedule](http://www.safework.nsw.gov.au) available at www.safework.nsw.gov.au.

Pay by cheque. Enclose a cheque made payable to SafeWork NSW.

Pay by money order. Enclose a money order made payable to SafeWork NSW.

Pay by credit card. Please charge \$ _____ to my: MasterCard Visa

A payment processing fee of 0.40% applies to MasterCard and Visa

Card number _____ Card expiry date (MM/YYYY)

Cardholder name (please print name as displayed on credit card)

Cardholder signature

Date (DD/MM/YYYY)

SECTION 13. CHECKLIST TO SUBMIT YOUR APPLICATION

Attached Document

Copy of certificate of currency of workers compensation insurance. Applicants who are not exempt employers (please refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125)) must attach a legible copy of the certificate of currency for workers compensation insurance to this application.

Copy of certificate(s) showing successful completion of the VET course(s) for which authorisation is sought. (Only required if seeking authorisation for the first time).

Copy of General Induction Training card (front and back) if issued outside NSW.

Description of work undertaken and references supporting the description of work undertaken.

To add additional supervisor(s) to a licence complete and submit the *Asbestos removal supervisor nomination form* (Asbestos - 03) (catalogue no. SW08074) for each supervisor.

You must pay the fee with this application.