

Application to replace an explosives, pyrotechnicians or blasting licence, or security clearance

Explanatory notes

This form is used to apply for a replacement security clearance card, explosives licence card (for individuals) or certificate (for corporations), where a licence has been lost, stolen, damaged or destroyed, not received or if there has been a printing error.

Lodgment instructions

1. You must complete all sections of this form.
2. The person lodging the application must be the applicant (for individual licences) or the nominated responsible person (for corporation licences).
3. You must lodge your application with **Australia Post** and provide **Proof of Identity totalling 100 points or more**.
4. You must sign and date this application by completing the declarations on the last page.
5. A payment must accompany this form. Refer to the [WorkCover NSW fees schedule \(catalogue no. WC01011\)](#) available at workcover.nsw.gov.au.

Note: If the card has a printing error then no payment is required.

Application checklist

Please tick the appropriate box to ensure that your application is complete prior to submission to Australia Post.

- | | |
|--|--------------------------|
| | Applicant use only |
| • Application form (this form) completed and signed | <input type="checkbox"/> |
| • Proof of identity documents | <input type="checkbox"/> |
| • Replacement application fee (for lost, stolen, damaged or destroyed cards) | <input type="checkbox"/> |

Enquiries

Phone: 13 10 50

Email: operations@workcover.nsw.gov.au

Applicable points for identification documents

Primary identification document – only one can be used

- Birth certificate, citizenship certificate or passport (passport must be current or expired within the last two years, but not cancelled) 70 points

Secondary identification documents

- A licence issued under Australia law (eg a driver's permit or licence) which contains a photograph or signature 40 points
- Student card issued by a tertiary institution 40 points
- Utility bill in applicant's name (eg council rates notice, water, power or phone account, etc) 25 points
- Medicare card 25 points
- Credit or debit card, passbook or account statement from a financial institution (only one per financial institution can be counted) 25 points

Privacy compliance statement

This information is collected by WorkCover for the purposes of undertaking an evaluation, assessment and processing of a replacement security clearance or explosives licence required under the NSW Explosives Act and NSW Explosives Regulation.

This information will also be used by WorkCover for the purposes of confirming applicant details, to establish and maintain an internal and external database and to assist WorkCover and its inspectorate with its work generally. It may also be provided to other state and territory agencies including Industry and Investment NSW.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual. You may also apply to WorkCover to access and correct any information about yourself that WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.



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1. LICENCE NUMBER

Please provide the licence details below:

Licence number (if known)

Licence type to be replaced

2. APPLICANT DETAILS

2.1 Individual applicant or nominated responsible person for corporation details

Title

Family/Surname

Given name

Other names

Sex Male Female

Date of birth (DD/MM/YYYY)

Daytime contact number

Mobile number

Fax number

Email

Address details (must not be a PO Box)

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

Postal address (if different)

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

2.2 Corporation details

If you are applying for a replacement explosives licence for a corporation, please provide corporation details below:

Registered corporation name

Registered business (trading) name (if applicable)

ABN

continued over page

Registered business address (must NOT be a PO Box)

Unit number/Street number/Property number (include Lot or DP if applicable)

Street name

Suburb

State

Postcode

Postal address

Same as address above or provide a postal address.

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

Street name

Suburb

State

Postcode

3. REASON FOR REPLACEMENT (please tick the appropriate box)

Lost Stolen Damaged Destroyed Not received Printing error

3.1 Describe how the licence or certificate was lost, stolen, damaged or destroyed, or provide details of the printing error

4. APPLICANT DECLARATION

I, (print name)

declare and understand that:

- I am 18 years of age or over
- the information supplied in this application is true and correct in every particular
- I am involved in the management of the corporation and am authorised to complete this application on behalf of the corporation (corporation applicants only)
- I consent to the making of inquiries of, and the exchange of information with, the authorities of any state or territory in matters relevant to this application
- I am aware that if WorkCover is notified by security authorities of a change in my security status the security clearance and/or licence may be suspended or cancelled
- I am aware that it is an offence under the NSW Explosives Act to provide any information or produce any documentation that I know is false or misleading and that a security clearance or licence issued based on false or misleading information may be suspended or cancelled
- I agree to comply with the NSW Explosives Act, the Explosives Regulation and all conditions of the licence if this application is successful.

Signature of applicant or nominated responsible person

Date (DD/MM/YYYY)

It is an offence under the *Crimes Act 1900* (Crimes Act) and the NSW Explosives Act to make a false or misleading statement in the form, heavy penalties apply.

PROOF OF IDENTITY

Australia Post use only

Document type	Date of issue	State of issue	Documentation number	Expiry date	Point value
Point total					

Name of Australia Post Checking Officer

Name of Post Office/Agency

Signature

Date (DD/MM/YYYY)
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Australia Post disclaimer

- Australia Post is acting as an agent for WorkCover to identify you under the requirements set out by the NSW Explosives Act.
- Your application will be forwarded to WorkCover who will determine whether a licence will be granted.
- WorkCover is required, under the NSW Explosives Act, to provide licensees with certain information. This information will be sent to you when and if your application is approved.