

REPLACE AN EXPLOSIVES, PYROTECHNICIANS OR BLASTING LICENCE, OR SECURITY CLEARANCE - APPLICATION

FE14 DECEMBER 2016

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

How to fill in this form

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

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

For assistance call 13 10 50

Fees

Refer to the SafeWork NSW fees schedule available at www.safework.nsw.gov.au or call 13 10 50.

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

Lodgement instructions

At any Australia Post Bank@Post outlet.

The person lodging the application must be the applicant (for individual licences) or the nominated responsible person (for corporation licences).

You must lodge your application with Australia Post and provide Proof of Identity totalling 100 points or more.

You must sign and date this application by completing the declarations on the last page.

Identification documents

Primary identification documents - 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).

Secondary identification documents

- A licence issued under Australian law (for example driver's permit or licence), which contains a photograph or signature.
- Student card issued by a tertiary institution.
- Utility bill in applicant's name (for example council rates notice, water, power or phone account).
- water, power or phone account).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

40 points

Privacy compliance statement

This information is collected by SafeWork NSW (the Regulator) 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 the Regulator for the purposes of confirming applicant details, to establish and maintain an internal and external database and to assist the Regulator and its inspectorate with its work generally. It may also be provided to other state and territory agencies including NSW Department of Industry.

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 the Regulator to access and correct any information about yourself if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

SECTION 1. LICENCE NUMBER I

Please provide the licence details below.

Licence number (if known)

Licence type to be replaced





SECTION 2. APPLICANT DETAILS

SECTION 2.1 INDIVIDUAL APPLICANT OR NOMINATED RESPONSIBLE PERSON FOR CORPORATION DETAILS

Title	STREET ADDRESS (MUST NOT BE A PO BOX) Unit number/Street number/Property number (include Lot or DP number if applicable)
Family/Surname	
	Street name
Given name	
Other names	Suburb
	State Postcode
Date of birth (DD/MM/YYYY)	
	POSTAL ADDRESS
Daytime contact number	Same as street address
Mobile number	Unit number/Street number/Property number (include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)
Email	Street name
	Suburb
	State Postcode
AUSTRALIA POST USE ONLY	
Document type Date of issue State of issue Doc	cumentation number Expiry date Point value
	Point total
Name of Australia Post Checking Officer	Australia Post disclaimer
Name of Post Office/Agency	 Australia Post is acting as an agent for SafeWork NSW to identify you under the requirements set out by the NSW Explosives Act.
Name of Fost Office/Agency	 Your application will be forwarded to SafeWork NSW who will determine whether a licence will be granted.
Signature Date (DD/MM/YYYY)	 SafeWork NSW 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.

SECTION 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

REGISTERED BUSINESS ADDRESS (MUST NOT BE A PO BOX)

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

Street name

Suburb

State

POSTAL ADDRESS

Same as registered business street address

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

Street name

Suburb

State

Postcode

SECTION 3. REASON FOR REPLACEMENT

Postcode

Mark one box only.

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Lost Stolen

Damaged

Destroyed

Not received

Printing error

SECTION 3.1 DESCRIBE HOW THE LICENCE OR CERTIFICATE WAS LOST, STOLEN, DAMAGED OR DESTROYED, OR PROVIDE DETAILS OF THE PRINTING ERROR

SECTION 4. APPLICANT'S 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 SafeWork NSW 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.

Applicant or nominated responsible person's signature

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 this form, heavy penalties apply.

SECTION 5. 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

Proof of identity documents

Replacement application fee (for lost, stolen, damaged or destroyed cards)