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## Lodgement options

You may lodge your completed application **ONLINE** or:

**By Post:** Licensing Services Department of Mines, Industry Regulation and Safety Locked Bag 100 EAST PERTH WA 6892

In Person: Department of Mines, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington Monday to Friday: 8.30am - 4.30pm

**If you are submitting this form online**, you will be able to make payment using the Department's secure payment gateway.

**If you are submitting this form by post and are making payment by credit card**, your must also complete the Application Payment form available at <u>www.commerce.wa.gov.au/publications/</u><u>licensing-application-payment-form-1</u> and attach it to your application.

## **Enquiries:**

Phone: 1300 424 091 Email: worksaferegistration@dmirs.wa.gov.au

#### Office use only

Total Fee (\$)	Department code	Chart description
	U WL	Asbestos class A – renewal
	🗌 WR	Asbestos class B – renewal

1. Applicant d	etails					
Entity type:	Body corp	oorate (Section 2a)	Individual (S	Section 2b)		
-				-	an individual and you reside ntinue on an additional pag	
		alent Asbestos Removal				
Guide – Applic	cation for an	ent Asbestos Removal I Asbestos Removal Lice <b>ur current licence to th</b> i	nce to determi		ding WHS law. Please refe	r to the Applicant
Licence numb	er:			Expiry date*:		
				/ /	<ul> <li>*The application to renew m</li> <li>made before the expiry of th</li> </ul>	
Class of Asbe	stos Remova	il: 🗌 Class A 🗌 Cla	ass B			
2a. Renewing	as a Body Co	orporate				
Body Corpora	te name:			ACN (Australian Cor	npany Number):	
Business Nam	<b>le</b> (if applicable)	) a business name extract is re	quired:			
Registered ad Street address		e within Western Australia unle	ss otherwise spec	cified above		
Suburb:				State:		Postcode:
Postal addres	s					] [
As above	Street addr	ess or PO Box:				
	Suburb:			State:		Postcode:
Phone (day):		Phone (mobile):	Email:			
		. ,				

2b. Renewing a	as an Individua	al						
Family name:			First name:		Oth	er name(s):		
Date of birth:	Place of	birth:				[		
Residential add Street address:		vithin Western Aust	ralia unless othe	rwise specific	;			
Suburb:					State:			Postcode:
Postal address	Street addres	s or PO Box:						
	Suburb:					State:		Postcode:
obtainin	r declaration nee holder) must c or a superviso licence, by: ongoing use c ng retraining o		etency declaration y me, have m over the last t t; and/or	aintained t e <b>rm of my</b>	licence;	and/or	d to carry out t	:he work
<b>Declaration of</b> Full name:	an individual a	applicant						
Signature:				Date:	/			
<b>Declaration of</b> Please refer to Position:			rations Act 20	-	ng as a B Ill name:	ody Corporate	e applicant	
Signature:				Date:	/			
Position:				J Fu	III name:			
Signature:				Date:	/			

#### 4. Nominated supervisor

(provide additional pages as required)

A person who holds an asbestos removal licence must ensure that asbestos removal work authorised by the licence is supervised by a nominated supervisor, who is at least 18 years of age.

If you are applying to renew as a company, you must provide the details of at least one competent person (**nominated supervisor**) who has been engaged to supervise the asbestos removal work to be authorised by the licence.

If you are applying to renew as an individual, you may be the **nominated supervisor** for the purposes of supervising the asbestos removal work to be authorised by the licence.

#### 4a. Details of nominated supervisors (provide additional as required)

Family name:	First name:	Other name(s):
Date of birth: Place of birth	h:	
/ /		
Residential address		
Street address:		
	Stat	e: Postcode:
Suburb:		e: Postcode:
Street address: Suburb: Phone (day): Phone	Stat	e: Postcode:

#### 5. Nominated Supervisor competency

The Nominated Supervisor must complete this competency declaration. I declare that I:

- hold a certification for the specified VET course for supervision of the asbestos removal work to be authorised by the licence; and
- have appropriate experience in the asbestos removal work to be authorised by the licence; and
- have carried out asbestos removal work of the type authorised by the licence on behalf of the applicant during the term of the licence.

#### Full name:

Signature:	Date:

#### 6. Identification

To establish proof of identity, the nominated supervisor/s and individual applicants must provide **ONE** primary document or at least **THREE** secondary documents. At least one of those documents must evidence the age of the nominated supervisor/applicant (at least 18 years).

For more examples please refer to the Applicant Guide - Application for an Asbestos Removal Licence

#### **Primary Identification**

- Australian Passport Current or expired within the last two years, but not cancelled
- A current driver's licence, learners permit or any other photographic identity document issued under Australian Law
- International Passport or other documents with same characteristics of Passport. Current, not expired or cancelled
- Current International Driver's Licence or an overseas driver's licence recognised by the WA Department of Transport (in English or translated in English)
- Police and Defence identification cards
- State or Commonwealth employee photo identification card with DOB
- Western Australian Photo Card (formerly Proof of Age)

#### Secondary Identification

- Birth certificate or certified extract
- Australian Citizenship or naturalisation document
- Current entitlement card issued by a State or Commonwealth Government department (for example, a Medicare, Pension, Health or Veteran)
- Utility bill (for example telephone, gas or electricity account) not more than 12 months old
- Water, local rate notice or land valuation notice not more than 12 months old
- Electoral enrolment card or other evidence of enrolment not more than two years old
- Student Identification Card (Secondary/Tertiary)

### Do NOT include credit/debit cards or bank statements as proof of identification

7. I	7. Probity questions					
(Ple	ease answer 'Yes' or 'No' to the following) *You may refer to the Applicant Guide for the definition of corresponding WHS law.					
1.	Do you hold an equivalent licence under a corresponding WHS law?			Yes	🗌 No	
2.	Have you, the body corporate or any of the officers of the body corporate, ever been convicted or found guilty of an offence under the Act, or the Regulations, or under any corresponding WHS law	s?		Yes	🗌 No	
3.	Have you, the body corporate or any of the officers of the body corporate, ever been convicted or found guilty of any offence in relation to the unlawful disposal of hazardous waste under the <i>Environmental Protection Act 1986</i> ?			Yes	🗌 No	
4.	Have you, the body corporate or any of the officers of the body corporate, ever entered into an enforceable undertaking under the Act or under any corresponding WHS law?			Yes	🗌 No	
5.	Have you, the body corporate or any of the officers of the body corporate, ever been refused an equivalent licence under a corresponding WHS law?	□ N	/A [	Yes	🗌 No	
6.	Have you, the body corporate or any of the officers of the body corporate, previously held an equivalent licence under a corresponding WHS law?			Yes	🗌 No	
7.	If you answered yes to question 6, were any conditions imposed on that licence?	□ N	/A 🗌	Yes	🗌 No	
8.	If you answered yes to question 6, was that equivalent licence suspended or cancelled?	□ N	/A 🗌	Yes	🗌 No	
9.	If you answered yes to question 8, were you, the body corporate or any of the officers of the body corporate, disqualified from applying for any licence?	□ N	/A [	Yes	🗌 No	
7a.	. Answering the above questions					
	If you answered 'yes' to any of the above questions, attach details. A 'yes' response will be considered by the WorkSafe Commissioner on the facts presented, and may not affect your application to be licensed.		Atta	ched	□ N/A	

#### 8. Declaration

Section 268 of the *Work Health and Safety Act 2020* provides for penalties of up to \$12 500 for a person who gives information that the person knows to be false or misleading in a material particular or omits any matter or thing without which the information is misleading; or who provides a document that the person knows to be false or misleading in a material particular. By signing this application form you declare that the information and documents you have provided in support of this application are true and correct. In addition, by signing this form, you give consent to the WorkSafe Commissioner, or persons so directed, to obtain on your behalf any document, record, file, or information that may be necessary and relevant to consider this application.

#### Declaration of an individual applicant

Full name:

Signature:	Date:

### **Declaration of a Body Corporate applicant**

Please refer to Section 127 CA of the Corporations Act 2001 if signing as a Body Corporate applicant

Position:	Full name:
Signature:	Date:
Position:	Full name:
Signature:	Date:
Declaration of the nominated supervisor	
Full name:	
Signature:	Date:

#### 9. Application checklist

Please ensure you have provided/completed each of the following:

- Sections 1-8 of the application form have been completed
- Application fee refer to the WorkSafe website for the current fees
- A copy of your current equivalent Asbestos Removal Licence issued under corresponding WHS law

Proof of identification for each nominated supervisor, and individual applicants, including evidence of age – refer to the Applicant Guide – Application for an Asbestos Removal Licence

A copy of the Business Name Extract if trading under a business name