



# Application for renewal of a Demolition Licence

Work Health and Safety Act 2020 (the Act)  
Work Health and Safety (General) Regulations 2022 (the Regulations)

## CREDIT CARD PAYMENT DETAILS

(Payment will appear as "WA Gov – DMIRS" on your bank statement)

Card Type    Visa     Mastercard     (Only Visa and Mastercard accepted)

Card Number                        

Card Holder     Please print

Expiry Date      /      *I authorise the Department to deduct the current prescribed fee\**

Signature / Authorisation        Date   

Cardholder's contact phone number:   

*\*Fees are reviewed annually and are subject to change without notice. Current application fees can be found on our website.*

### You may lodge your completed application:

**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  
Opening hours: 8.30am - 4.30pm, Monday to Friday  
Enquiries: 1300 424 091

OFFICE USE ONLY					
Total Fee	\$	Department Code	WL	Chart Description	<input type="checkbox"/> Demolition Licence - Class 1 renewal <input type="checkbox"/> Demolition Licence - Class 2 renewal



## 1. Class of Demolition Licence

Type	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2
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## 2. Licence holder details

Licence number	
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Expiry date <i>*The application to renew must be received before the expiry of the licence</i>	
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If you are a body corporate and your registered office is located outside WA, or you are an individual and you reside outside WA, please provide details as to the circumstances which justify the grant of the licence.

### Renewing as a Body Corporate)

Registered Company name	
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ACN – Australian Company Number	
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Trading Name <i>(if applicable) a business name extract is required</i>	
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Company address <i>*must be within Western Australia unless otherwise specified above</i>	Street address			
	Suburb		Postcode	

Postal address <i>(if different to business address)</i>	Postal address			
	Suburb		Postcode	

Mobile phone no.		Phone no. (day)	
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Email	
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### Renewing as an Individual

Family name			
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Given name/s			
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Date of birth		Place of birth	
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Residential Address	Street address			
	Suburb		Postcode	

Postal address <i>(if different to residential address)</i>	Postal address			
	Suburb		Postcode	

Mobile phone no.		Phone no. (day)	
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Email	
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### 3. Competency Declaration

The licence cannot be renewed unless the regulator is satisfied that the nominated supervisor is a competent person and that demolition work of the type authorised by the licence has been carried out on behalf of the applicant during the term of the licence

#### Individual

I declare that I (or the nominated supervisor) have maintained the competency required to carry out the work covered by the licence.

Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Body Corporate

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

I declare that the nominated supervisor has maintained the competency required to carry out the work covered by the licence.

Position: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that the nominated supervisor has maintained the competency required to carry out the work covered by the licence.

Position: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 4. Experience

The nominated supervisor must demonstrate recent and relevant demolition experience in investigating, planning and supervising safe methods of demolition for the demolition work.

To demonstrate this, the nominated supervisor must complete the Statement of Experience (SOE) within this application. The SOE must demonstrate experience in the class of demolition work applied for. The experience must include:

- Project start and finish dates/the dates the demolition work was carried out over;
- How many days the demolition work was carried out over;
- The demolition licence number work was carried out under;
- Employers details including details of person/s who can verify/answer questions about the experience;
- Name of project;
- Type of Structure;
- Composite of structure;
- Complete or partial demolition;
- Site address;
- Height and square metering;
- Method of demolition
- The role and responsibilities of the nominated supervisor;
- Name and signature of nominated supervisor;
- Date.

Nominated supervisors must have demonstrated experience in performing work in accordance with *Australian Standard AS2601: The demolition of structures* (AS 2601).

**Experience must be a minimum of three (3) substantial jobs within the past 5 years, in the class for which you are applying.** *Note: Demolition jobs will be referenced against Demolition of Work Notifications submitted to the WorkSafe Commissioner under regulation 142F.*

To assist in verification of the demolition work experience within the SOE, additional information and/or documentation may be requested at any point during the application process. Examples of information and/or documentation that may be requested are Safe Work Method Statements (SWMS), Job Safety Analysis (JSA), demolition management plan, copies of Notification of Demolition Work etc.



### Statement of Experience (SOE) – Demolition Licence Application

The nominated supervisor is required to provide a detailed description of a **minimum** of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. *Note: demolition jobs will be referenced against Demolition of Work Notifications submitted to the WorkSafe Commissioner under regulation 142F.*

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project <i>(If applicable)</i> Type of structure Composite of structure Complete or partial demolition	Site address	Sqms (m <sup>2</sup> ) Height (m) (You must provide details of both)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.	
								Office use only

Name of Nominated Supervisor:

Signature: \_\_\_\_\_

Date:        /        /



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Project start and finish dates <small>(how many days)</small>	Demolition licence number <small>(works conducted under)</small>	Employer <small>(including name, email address and telephone number of person/s who can verify experience)</small>	Name of project <small>(If applicable)</small> Type of structure Composite of structure Complete or partial demolition	Site address	Sqms (m <sup>2</sup> ) Height (m) <small>(You must provide details of both)</small>	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.	
								Office use only

Name of Nominated Supervisor:

Signature: \_\_\_\_\_

Date:        /        /



**Statement of Experience (SOE) – Demolition Licence Application**

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<b>Project start and finish dates</b> <small>(how many days)</small>	<b>Demolition licence number</b> <small>(works conducted under)</small>	<b>Employer</b> <small>(including name, email address and telephone number of person/s who can verify experience)</small>	<b>Name of project</b> <small>(If applicable)</small> <b>Type of structure</b> <b>Composite of structure</b> <b>Complete or partial demolition</b>	<b>Site address</b>	<b>Sqms (m<sup>2</sup>)</b> <b>Height (m)</b> <small>(You must provide details of both)</small>	<b>Method of demolition</b>	<b>Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.</b>	<small>Office use only</small>

Name of Nominated Supervisor:

Signature: \_\_\_\_\_

Date:        /        /



## 5. Declarations

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 Western Australia 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.

### Applicant (if applicant is an individual)

Legal Name:			
Signature:		Date:	

### Director (if applicant is a Company)

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:	

## 6. Checklist

Incomplete applications cannot be accepted and will be returned to the applicant.

✓	Please provide a copy of the following:	<i>Office use only</i>
<input type="checkbox"/>	Sections 1-5 of the application form have been completed	
<input type="checkbox"/>	Renewal fee – refer to the WorkSafe website for current fees	
<input type="checkbox"/>	Statement of Experience (SOE) for the nominated supervisor	