

Receipt – office use only

APPLICATION FOR A LICENCE TO PERFORM HIGH RISK WORK (NEW)

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 the WorkSafe website

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

OFFICE USE ONLY

WL Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cashiering Code: WL	✓
Allocated	<input type="text"/>	Applying for a new WA licence	HRWL – New
Entered	<input type="text"/>	TOTAL FEE	\$
Audited	<input type="text"/>		

1. Details of applicant: *Applicant to complete all sections below

Title	Surname	
<input type="text"/>	<input type="text"/>	
First name	Middle name	
<input type="text"/>	<input type="text"/>	
Date of birth *must be at least 18 years of age to apply	Mobile phone number	Other phone number
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>	

2. Address details: *you must provide a residential address for the HRWL to be issued

Unit/Apartment no.	Street number and Street name	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to above)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Classes of high risk work: **confirm ALL classes of high risk work you are applying for*

Tick all class(es) of high risk work you are applying to be licenced for:

<input type="checkbox"/>	SB - Basic scaffolding	<input type="checkbox"/>	CP - Portal boom crane	<input type="checkbox"/>	WP - Boom-type elevating work platform
<input type="checkbox"/>	SI - Intermediate scaffolding	<input type="checkbox"/>	CB - Bridge and gantry crane	<input type="checkbox"/>	PB - Concrete placing boom
<input type="checkbox"/>	SA - Advanced scaffolding	<input type="checkbox"/>	CV - Vehicle loading crane	<input type="checkbox"/>	RS - Reach stacker
<input type="checkbox"/>	DG - Dogging	<input type="checkbox"/>	CN - Non-slewing mobile crane	<input type="checkbox"/>	LF - Forklift truck
<input type="checkbox"/>	RB - Basic rigging	<input type="checkbox"/>	C2 - Slewing mobile crane - up to 20t	<input type="checkbox"/>	LO - Order-picking forklift truck
<input type="checkbox"/>	RI - Intermediate rigging	<input type="checkbox"/>	C6 - Slewing mobile crane - up to 60t	<input type="checkbox"/>	BS - Standard boiler operation
<input type="checkbox"/>	RA - Advanced rigging	<input type="checkbox"/>	C1 - Slewing mobile crane - up to 100t	<input type="checkbox"/>	BA - Advanced boiler operation
<input type="checkbox"/>	CT - Tower crane	<input type="checkbox"/>	CO - Slewing mobile crane - over 100t	<input type="checkbox"/>	TO - Steam turbine operation
<input type="checkbox"/>	CS - Self-erecting tower crane	<input type="checkbox"/>	HM - Materials hoist	<input type="checkbox"/>	ES - Reciprocating steam engine operation
<input type="checkbox"/>	CD - Derrick crane	<input type="checkbox"/>	HP - Personnel and materials hoist		

4. Notice of Assessment (NOA):

☐ Valid Notice of Assessment/s **issued within the last 60 days** for each class.

5. Statement of Attainment (SOA)

☐ Statement of Attainment/s for each class.

6. Proof of Identity:

☐ **ONE primary document or at least THREE secondary documents.** One of these documents must include at least your name and date of birth, which prove you are at least 18 years of age.
For acceptable forms of identification refer to <https://www.commerce.wa.gov.au/publications/applicant-guide-application-high-risk-work-licence>

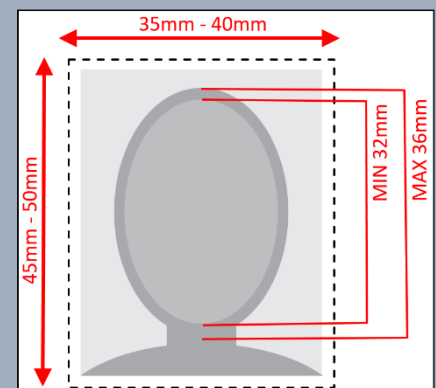
7. Passport quality photograph:

☐ Using a glue stick or tape roller, secure one (1) passport quality photograph face up.

Do not staple or paperclip the photograph to the application form.

For photo requirements, refer to <https://www.passports.gov.au/getting-passport-how-it-works/photo-requirements>

Please write your full name and date of birth on the back of the photograph



8. Declaration:

Section 268 of the *Work Health and Safety Act 2020* provides for the penalties of up to \$12,500 for a person that gives information that the person knows to be false or misleading in a material particular or omits any matter of 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:

1. You do not hold an equivalent licence under a corresponding Work Health and Safety law, and
2. Either
 - a. You have never, under Work Health and Safety legislation in Australia:
 - i. entered into an enforceable undertaking,
 - ii. been disqualified from holding or refused a high risk work licence,
 - iii. had a high risk work licence suspended or cancelled,
 - iv. had any convictions or findings of guilt against you, or
 - v. had any conditions imposed on a high risk work licence you have held.

OR

- b. You have attached a completed 'HRWL Application Disclosure Form' to this application providing details of any enforceable undertaking, disqualification, refusal, suspension, cancellation, conviction, finding of guilt, or condition imposed under Work Health and Safety legislation in Australia, or in regard to a high risk work licence you have held.

A copy of the 'Probity questionnaire and declaration document' can be found here:

<https://www.commerce.wa.gov.au/publications/applicant-declaration-rto-online-submission>

By signing this application form you also declare that:

3. You have read the application form in full and have completed all parts of the form accurately.
4. The information and documents you have provided in support of your application are true and correct
5. You understand that:
 - a. if the application is incomplete or contains errors you will be contacted by email and provided 28 days to provide the required information, and
 - b. If you do not respond with the required information your application will be taken to be withdrawn and you may be required to obtain a new notice of assessment and reapply.

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 your application.

This declaration is considered to be made on the date the application is submitted.

APPLICANT SIGNATURE:

9. Submitting your application: **Before submitting your application ensure you have included all relevant requirements*

New Application Checklist

<input type="checkbox"/>	Payment details completed. Fees are non-refundable.
<input type="checkbox"/>	<p>Notice/s of Assessment for each new class applied for (original white copy) attached. Issued within the last 60 days.</p> <p>If your NOA is more than 60 days old your application will not be granted. You will be required to be reassessed at your own cost.</p>
<input type="checkbox"/>	Copies of Statement/s of Attainment for each new class applied for attached.
<input type="checkbox"/>	<p>ONE photo primary ID (e.g. Drivers Licence, Proof of Age Card, Passport) or at least THREE secondary identification documents (e.g. Medicare card, Birth Certificate, Health Card) attached.</p> <p>DO NOT attach copies of credit or bank cards.</p>
<input type="checkbox"/>	Passport quality photograph attached – name and date of birth on the back
<input type="checkbox"/>	Probity questionnaire and declaration document attached <i>(if applicable)</i>
Incomplete applications cannot be processed	

Help with applying

Applicant Guide: www.commerce.wa.gov.au/worksafe/information-high-risk-work-licence-applicants

Phone: 1300 424 091

Current fees: www.commerce.wa.gov.au/worksafe/licensing-fees-0

Lodge your application

In Person:

Level 1, Mason Bird Building
303 Sevenoaks Street, Cannington
8.30am - 4.30pm, Monday to Friday

Mail:

Locked Bag 100
EAST PERTH WA 6892