

Application for an exemption

This form is used to apply for an exemption in accordance with Regulation 684, 686 and 688 of the Work Health and Safety (National Uniform Legislation) Regulations.

Refer to the guide to exemptions for assistance in completing this form for further information.

Type of exemption (One category per application)

General High risk work licence Major hazard facility

1. Applicant details (If the application is for a group or class of persons, attach to the application documentation stating the number of applicants and the details of each of those applicants)

Complete this section if an individual			
Surname:			
Given names:		Date of birth:	
Residential address:			
Suburb:	State:	Postcode:	
Is your postal address the same as above? (If no, complete below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Postal address:			
Suburb:	State:	Postcode:	
Work number:	Mobile number:		
Email address:			

Complete this section if a body corporate, a government agency, a partnership or an unincorporated association			
Business name:			
Trading name:	ABN/ACN:		
Contact person:	Position:		
Business address:			
Suburb:	State:	Postcode:	
Is your postal address the same as above? (If no, complete below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Postal address:			
Suburb:	State:	Postcode:	
Work number:	Mobile number:		
Email address:			

2. Previous exemption

Has an exemption been issued previously? (if yes, provide details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exemption number: (if known)		

3. Scope of exemption sought

Provide details of the specific regulation number(s) for which an exemption is sought:			
Description of undertaking for which an exemption is being sought: (Provide a description of the process, substance activity or thing for which you are seeking an exemption under the regulation)			
Reason for seeking an exemption: (Include any exceptional circumstances that have created the need to seek the exemption)			
Details of the workplace that will be affected by the exemption: (provide address and location/s)			
Any condition(s) on the exemption:			
Length of time for which the exemption is being sought:	months		years

4. Additional information required for a general exemption

Details of consultation that has occurred in relation to the proposed exemption in accordance with Divisions 1 and 2 of Part 5 of the WHS Act:

5. Applicant declaration

The information in this application is true and correct to the best of my knowledge.			
I agree to my details being published by the WHS Regulator.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant name:			
Applicant signature:		Date:	

Checklist

Application form is complete and declaration signed.	<input type="checkbox"/>
General – additional requirements	
If the proposed exemption relates to a thing (eg item of plant), evidence that the risk associated with the thing, is not significant if the exemption is granted has been submitted.	<input type="checkbox"/>
High risk work licence – additional requirements	
Copies of documents showing successful completion of competencies exceeding those required for the grant of the high risk work licence has been submitted.	<input type="checkbox"/>
Documents that demonstrate that the plant used by the person or class of persons can be modified to reduce the risk associated with its operation has been submitted.	<input type="checkbox"/>
Major hazard facility – additional requirements	
Documents that demonstrate that the Schedule 15 chemical(s) present or likely to be present will periodically exceed the threshold quantity because: they are in intermediate temporary storage; and in containers with a capacity to contain no more than 500kg of the chemical has been submitted.	<input type="checkbox"/>
Documents that the operator of the facility is complying with the WHS Act and Regulations, including Part 7.1 has been submitted.	<input type="checkbox"/>
Documents that evidence processes and procedures are in place to keep the quantity of the Schedule 15 chemical(s) present or likely to be present at or below the threshold quantity as often as practicable has been submitted.	<input type="checkbox"/>
Documents that evidence the operator of the facility has implemented control measures to minimise the risk of a major incident occurring has been submitted.	<input type="checkbox"/>

Privacy statement

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the *Information Act*.

Lodgement

Completed applications can be lodged in person, email or via post at a NT WorkSafe below:

Phone: 1800 019 115

Email: ntworksafe@nt.gov.au

Postal: GPO Box 1722, Darwin NT 0801

In person: Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT