

Application for authorisation to use, handle or store prohibited and restricted carcinogens

This form is used to apply for an authorisation in accordance with Regulation 380, 381 and 382 of the Work Health and Safety (National Uniform Legislation) Regulations.

Refer to the guide for applicants for authorisation to use, handle or store prohibited and restricted carcinogens for further information.

Type of application: New Amendment (change of details)

1. Applicant details

Name of the individual or contact person for body corporate					
Company name:		ABN:			
Trading name:					
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. Supplier (of the carcinogen) details

Name of the individual supplier					
Company name:		ABN:			
Trading name:					
Contact name of supplier:					
Address of supplier:					
Suburb:		State:		Postcode:	
Work number:		Mobile number:			
Email address:					

3. Details of location

Address where carcinogen to be used, handled or stored					
Site name: (if applicable)					
Address:					
Suburb:		State:		Postcode:	

4. Details of carcinogen

Type of carcinogen (select either):	Friable <input type="checkbox"/>	Non - Friable <input type="checkbox"/>
Name of the carcinogen:		
Quantity of the carcinogen to be used, handled or stored at the workplace each year:		
Purpose of activity for which the carcinogen will be used, handled or stored: (please describe below):		
Number of workers that may be exposed to the carcinogen:		

5. Documents to be supplied with the application

Copy of risk management procedures or amended risk management procedures for the use, handling and storage.	<input type="checkbox"/>
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6. Receiving authorisation

How do you wish to receive the licence?	Post <input type="checkbox"/>	Email <input type="checkbox"/>	Collection <input type="checkbox"/>
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7. Applicant declaration

<p>I have authority from the body corporate to complete and submit this application (body corporate applicants). The information in this notification is true and correct to the best of my knowledge. I consent to the Work Health Authority making enquiries and exchanging information with WHS Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.</p>			
Applicant name:			
Applicant signature:		Date:	

Checklist

Application form is complete and declaration signed.	<input type="checkbox"/>
Copy of risk management procedures or amended risk management procedures for the use, handling and storage	<input type="checkbox"/>

Privacy statement

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the <i>Information Act</i> .

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		