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 addres | s the same as above? (If no, complete | below) | Yes | | No | | |
| Postal address: | | | | | | | |
| Suburb: | | | State | : | | Postcode: | |
| Work number: | | Mobile n | umber | : | | | |
| 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 n | umber: | | | | |
| Email address: | | | | | | | |

3. Details of location

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



NTWork<mark>Safe</mark>

| Type of carcinogen (select either): Friable Non - Friable Name of the carcinogen: | 4. Details of 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. How do you wish to receive the licence? Post Email Collection T. Applicant declaration 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. Applicant name: Application form is complete and declaration signed. Copy of risk management procedures or amended risk management procedures for the use, handling and storage Privacy statement The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the Information Act. | Type of carcinogen (selec | t either): | Friable | | - | Non - Fria | able | | |
| 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. 6. Receiving authorisation How do you wish to receive the licence? Post Email Collection 7. Applicant declaration 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. Applicant name: Application form is complete and declaration signed. Copy of risk management procedures or amended risk management procedures for the use, handling and storage Privacy statement The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the Information Act. | Name of the carcinogen: | | | | | | | | |
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| storage Image: Image interval Privacy statement Image interval The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the Information Act. | Application form is complete and declaration signed. | | | | | | | | |
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| Information Act. | Privacy statement | | | | | | | | |
| 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 | | | | |

www.worksafe.nt.gov.au