

Notification - Asbestos removal

This form is used to notify of an intended asbestos removal in accordance with Regulation 466 of the Work Health and Safety (National Uniform Legislation) Regulations.

For assistance in completing this form, please refer to the applicant guide for asbestos removal and licensing available on the NT WorkSafe website.

At least 5 days' notice is required before commencement of work.

Type of application

New Amendment

1. Previous notification (if applicable)

Has this asbestos removal been notified to the Regulator previously by telephone e.g. immediate notification	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, the date of the telephone notification:		

2. Amended notification (if applicable)

Has this asbestos removal been notified to the Regulator previously in writing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reference number:		

3. Asbestos removal business licence details

Company name:			ABN:		
Trading name:					
Licence number:		Expiry:		Licence class:	Class A <input type="checkbox"/> Class B <input type="checkbox"/>
Mobile number:		Work Number:			
Email address:					
Do you hold current interstate licence or confirmation issued by another State, Territory or Commonwealth? (Interstate licence holders must supply a copy of a current equivalent asbestos removal licence)	No <input type="checkbox"/>	Yes <input type="checkbox"/>			
State/Territory or Commonwealth that issued the licence (if other than the Northern Territory):					

4. Details of the workplace where the asbestos is being removed

Name of site (if applicable):					
Address:					
Suburb:		State:		Postcode:	
The specific location of asbestos on the site:					
Kind of workplace (e.g. factory):					

Details of the workplace where the asbestos is being removed continued

Start date when asbestos work will be undertaken:			
Estimated date when work will be completed:			
Type of asbestos to be removed:	Friable (Class A) <input type="checkbox"/>	Non-friable (Class B) <input type="checkbox"/>	
If friable (Class A) asbestos is to be removed, provide details of the method used to enclose the removal area:			
Estimated quantity of asbestos to be removed (square metres):			
Number of workers:			
Please provide workers details below for this removal: (if more than 4 workers please attach additional pages)			
Name of worker:		Competency achieved:	Date issued:
Name of worker:		Competency achieved:	Date issued:
Name of worker:		Competency achieved:	Date issued:
Name of worker:		Competency achieved:	Date issued:
Name of worker:		Competency achieved:	Date issued:

5. Supervisor details (note: the supervisor must be approved on your business licence)

Supervisor 1			
Surname:			
Given name:			
Telephone number:		Mobile number:	
Email address:			
Supervisor 2			
Surname:			
Given name:			
Telephone number:		Mobile number:	
Email address:			
Supervisor 3			
Surname:			
Given name:			
Telephone number:		Mobile number:	
Email address:			

6. Details of the independent competent person or licensed assessor that will be undertaking the clearance inspection and issuing the clearance certificate

Surname:		Given Name:	
State/Territory or Commonwealth that issued the assessor licence (if applicable):			
Licence number:			
Telephone number:		Mobile number:	
Email Address:			

7. Site owner/controller (name of organisation/individual)

Surname:			
Given name/s:			
Registered name of body corporate:			
Business registration (trading name) if applicable:			

8. Contact person (person who engaged the services of the asbestos removalist)

Surname:			
Given name/s:			
Telephone number:		Mobile number:	
Email address:			

9. Asbestos removal control plan

Under Regulation 464 and 465 an asbestos removal control plan must be prepared ensuring details of how the asbestos removal will be carried out, including the method, tools, equipment and PPE to be used. A copy of this must be given to the person who commissioned the licensed asbestos removal work.

10. Declaration of applicant

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 work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this notification.

Date form submitted:		Signed:		I have submitted this form electronically (signature is not required)	<input type="checkbox"/>
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Privacy statement

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

Lodgement – NT WorkSafe

Incomplete applications cannot be processed and will be returned. Completed applications can be lodged in person, email or via post at a NT WorkSafe below:

Physical address:	Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah		
Postal address:	GPO Box 1722, Darwin, NT 0800	Email address:	ntworksafe@nt.gov.au

For further information please contact NT WorkSafe on 1800 019 115 or go to www.worksafe.nt.gov.au