Application for a replacement HRW Assessor accreditation

Use this form to apply for a replacement of a Northern Territory High Risk Work (HRW) Assessor accreditation in accordance with Regulation 127 of the Work Health and Safety (National Uniform Legislation) Regulations.

For the relevant application fee, visit the licensing fees and charges webpage.

1. HRW Assessor details

Assessor number:			Exp	iry:				
Surname:								
Given names:			Date	e of birth:				
Residential address:								
Suburb:			State:		Postcode:			
ls your postal address	the same as above? If no, complete bel	ow: Yes		No				
Postal address:		·						
Suburb:			State:		Postcode:			
Home number:		Mobile	number:					
Email address:								
2. Competency								
I declare that I have maintained my competency to carry out assessments covered by the accreditation								
3. Reason for rep	lacement							
Lost 🗆	Stolen 🛛	De	stroyed					
Describe how the accreditation document was lost, stolen or destroyed:								
4. Receiving accr	editation							
How do you wish to receive the accreditation?				C	Collection			
5. HRW Assessor		Post						
I do solemnly declare	declaration							
I consent to the Work	r declaration that the information in this application is Health Authority making enquiries and e	true and co exchanging	prrect to the	e best of my	knowledge.			
I consent to the Work	r declaration that the information in this application is	true and co exchanging	prrect to the	e best of my	knowledge.			
I consent to the Work	r declaration that the information in this application is Health Authority making enquiries and e	true and co exchanging	prrect to the	e best of my	knowledge.			
I consent to the Work Territories or the Com	r declaration that the information in this application is Health Authority making enquiries and e	true and co exchanging	prrect to the	e best of my	knowledge.			

NTWork<mark>Safe</mark>



Checklist

Application is complete and signed		
Payment of application fee		
A legible copy of photo ID i.e.: passport, drivers licence, 18+ card		

Privacy statement

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act 2002.*

Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below:					
Darwin	Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah NT.				
Katherine	Big Rivers Government Centre - 5 First Street				
Alice Springs	Ground floor, The Green Well building, 50 Bath Street.				
Tennant Creek	Shop 2, Barkly House, Cnr Davidson and Patterson Street.				
Phone: 1800 193 1	Email: territorybusinesscentre@nt.gov.au Postal: GPO Box 9800, Darwin, NT 0801				

Payment details

Cash		Che	que (Made out to Receiver of Territory Money) \square		Credit card (V	isa or Ma		
Cardholder	name:							
Card numbe	er:				Expiry:			
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of					\$			
Cardholder	signatı	ıre:			Date:			