Application for a replacement asbestos licence

Use this form to apply for a replacement of an asbestos removal licence or an asbestos assessor licence that has been lost, stolen or destroyed in accordance with Regulation 513 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

For the relevant application fee, visit the <u>Licensing fees and charges</u> webpage.

Application type:	Asbestos removal licence	Asbe	estos assessor	licence		
1. Licence number						
Licence number:						
2. Applicant details	S					
Complete this section i	f applying to replace an asbestos asses	ssor licence.				
Surname:			Date of birth:			
Given name/s:						
Contact number:		Mobile number:				
Email address:						
Postal address:						
Suburb:		State:		Postcode:		
Complete this section i	f applying to replace and asbestos rem	oval licence.				
Business name:			ABN/ACN:			
Trading name:						
Contact person:						
Contact number:		Mobile number:	;			
Email address:						
Postal address:						
Suburb:		State:		Postcode:		
3. Competency (As	sessor only)					
I declare that I have ma	intained my competency to carry out	work covered by t	he licence.	Yes \square	No	
4. Reason for repla	cement					
Lost	Stolen Destro	oyed 🗆				
Describe how the accre	editation document was lost, stolen or	destroyed:				
5. Receiving licence	e					
_	ceive the replacement licence?	Post	Email \square	l Co	ollection	





6. Consent for document verification

We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - https://www.idmatch.gov.au				
I confirm that I am authorised to provide the personal details presented and I consent to the document details I've provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service.	Yes		No	

7. Applicant declaration

I do solemnly declare that the information in this application 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:				
Applicant signature:		Date:		
Checklist				

Application form complete and declaration signed	
Prescribed application fee (see <u>licensing fees and charges</u> page)	
Attached legible copy of the front and back of photo ID e.g.: copy of driver's licence, passport	
Attached copy of registration of business name (asbestos removal licence only)	

Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to the Territory Business Centre and NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so, or you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Lodgement

Completed applications can be lodged in person, email or via post at a <u>Territory Business Centre</u> below.		
Darwin	Building 3, Darwin Corporate Park, 631 Stuart Highway, Berrimah	
Katherine	Big Rivers Government Centre, 5 First Street, Katherine	
Alice Springs	Ground floor, The Green Well building, 50 Bath Street, Alice Springs	
Tennant Creek	Barkly Business Hub, 63 Haddock Street, Tennant Creek	
Phone: 1800 193 111	Email: territorybusinesscentre@nt.gov.au Postal: GPO Box 9800, Darwin, NT 0801	

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.