

# Application for an asbestos removal licence

Use this form to apply for an asbestos removal licence in accordance with Regulation 485, 486, 487 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

If you hold a current asbestos removal licence in another state or territory, you do not need to obtain a Northern Territory licence to perform licenced asbestos removal work here, unless your licence is due for renewal.

Refer to the guide for asbestos removal and licensing for further information and notification. For the relevant application fee, visit the licensing fees and charges webpage.

**Application type:** New  Renewal

**Licence type:**

Class A (friable asbestos and asbestos contaminated dust or debris); or

Class B (more than 10 square metres of non-friable asbestos or asbestos containing materials)

## 1. Applicant details

Business name:		ABN / ACN			
Trading name:					
Contact person:					
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. Licence details (Renewal only)

Licence number:		Name on the licence:			
Expiry date:		State or Territory or the Commonwealth of issue:			
Was your expiring licence issued by another Work Health and Safety Regulator? If Yes, please provide reasons for requesting the renewal in the Northern Territory:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have any conditions attached to this licence? (if yes, complete below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

## 3. Certified safety management system plan (Class A only)

Attached evidence that you have a current, certified safety management system in place (compliant with AS4801: Occupational health and safety management systems – Specification with guidance for use), or an equivalent system.	<input type="checkbox"/>
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**4. ASIC registration (NEW Only)**

A current copy of your current business registration certificate/extract is attached	<input type="checkbox"/>
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**5. Licence cancellation/suspension/refusal details**

Has the applicant (or in the case of a body corporate, has any officer of the body corporate) been found guilty of an offence under the <i>Work Health and Safety (National Uniform Legislation) Act</i> or Regulations or under the WHS law of another State or Territory or the Commonwealth? (If yes, please provide details)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the applicant (or in the case of a body corporate, has any officer of the body corporate) been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the <i>Waste Management and Pollution Control Act, Public and Environmental Health Act</i> or any other law of the Territory regulating environmental protection? (If yes, please provide details)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the applicant (or in the case of a body corporate, has any officer of the body corporate) been disqualified from holding an equivalent licence by another State or Territory or the Commonwealth work health and safety regulator? (If yes, please provide details)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the applicant (or in the case of a body corporate, has any officer of the body corporate) previously had an equivalent licence refused, suspended or cancelled under the <i>Work Health and Safety (National Uniform Legislation) Act</i> or Regulations or under the WHS law of another State or Territory or the Commonwealth? (If yes, please provide details)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the applicant (or in the case of a body corporate, has any officer of the body corporate) entered into an enforceable undertaking under the <i>Work Health and Safety (National Uniform Legislation) Act</i> or the WHS law of another State or Territory or the Commonwealth? (If yes, please provide details)	No <input type="checkbox"/> Yes <input type="checkbox"/>

## 6. Nominated supervisor/s

The below requirements must accompany each **new application** or each **new supervisor** nominated.

- Each nominated supervisor is at least 18 years old
- **Class A** - Copy of the unit competency CPCCE3015 Remove friable asbestos and CPCCE4008 Supervise asbestos removal **and** a description of the work they have undertaken over a three year period supported by documentation/evidence i.e. reference letters, notifications etc.
- **Class B** - Copy of the unit of competency CPCCE3014 Remove non-friable asbestos or CPCCE3015 Remove friable asbestos and CPCCE4008 Supervise asbestos removal **and** a description of the work they have undertaken over a one year period supported by documentation/evidence i.e. reference letters, notifications etc.

### Supervisor #1

Surname:		Date of birth:	
Given name/s:			
Address:			
Suburb:		State:	
		Postcode:	
Work number:		Mobile number:	
Email:			

### Supervisor #2

Surname:		Date of birth:	
Given name/s:			
Address:			
Suburb:		State:	
		Postcode:	
Work number:		Mobile number:	
Email:			

### Supervisor #3

Surname:		Date of birth:	
Given name/s:			
Address:			
Suburb:		State:	
		Postcode:	
Work number:		Mobile number:	
Email:			

## 7. Information to be published on the NT WorkSafe website

Please indicate below if you would like your information published on the NT WorkSafe website.

Yes (please complete below)	<input type="checkbox"/>	No	<input type="checkbox"/>
Business name	<input type="checkbox"/>	Contact person	<input type="checkbox"/>
Phone number	<input type="checkbox"/>	Email address	<input type="checkbox"/>

## 8. Receiving licence

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

I have authority from the body corporate to complete and submit this application (body corporate applicants). 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 Work Health and Safety Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.			
I declare I do not hold an equivalent licence under a corresponding law			<input type="checkbox"/>
<b>RENEWAL</b> - I declare that the supervisors and I have maintained the competency required to carry out the work covered by this licence.			<input type="checkbox"/>
Applicant name:			
Applicant signature:		Date:	

### Checklist

Licence requirements	New	Renewal
Application form is completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed application fee (see <a href="#">licensing fees and charges</a> page)	<input type="checkbox"/>	<input type="checkbox"/>
Attached completed units of competency for asbestos removal work and asbestos removal supervision for each nominated supervisor as per section 6	<input type="checkbox"/>	<input type="checkbox"/>
Attached evidence/documentation of each nominated supervisor as per section 6	<input type="checkbox"/>	N/A
Attached copy of your current business registration certificate/extract	<input type="checkbox"/>	N/A
Attached certified safety management system plan or equivalent (Class A only)	<input type="checkbox"/>	<input type="checkbox"/>
If the licence is conditional, provide copies of certificates or documents showing the successful completion of training as mentioned above	N/A	<input type="checkbox"/>
Attached details of the relevant class (Class A or Class B as appropriate) of asbestos removal work performed over the last 5 years. Include dates when the work was performed	N/A	<input type="checkbox"/>

### Privacy statement

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

Completed applications can be lodged in person, email or via post at a Territory Business Centre below:		
<b>Darwin</b>	Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah NT.	
<b>Katherine</b>	Shop 1, Randazzo Building, 18 Katherine Terrace.	
<b>Alice Springs</b>	Ground floor, The Green Well building, 50 Bath Street.	
<b>Tennant Creek</b>	Shop 2, Barkly House, Cnr Davidson and Patterson Street.	
<b>Phone:</b> 1800 193 111	<b>Email:</b> <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	<b>Postal:</b> GPO Box 9800, Darwin, NT 0801

### Payment details

A fee is payable on lodgement of this application form. Payment can be made by:					
<ul style="list-style-type: none"> <li>Cash (in person only); or</li> <li>Cheque (made out to Receiver of Territory Monies); or</li> <li>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.</li> </ul>					
Payment date:		Receipt number:		Amount paid:	