This form is used to apply for a replacement individual licence for Dangerous Goods under Regulation 5N of the Dangerous Goods Regulations and Regulation 181 of the Transport of Dangerous Goods by Road and Rail (National Uniform Legislation) Regulations.

**Application fee:** $5.50

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Dangerous goods class** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DG Driver | | | | |  | | | | | | | | Gasfitter | | | |  | | | | | | | | | | | Shotfirer | | | | | | | |  | | | | | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given names: | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date of birth: | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | | | | State: | | | | | | |  | | | | | | | Postcode: | | | |  | | | | |
| Is your postal address the same as above? (If no, complete below) | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | | | | No | | | |  | | | | | | |
| Postal address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | | | | State: | | | | | | |  | | | | | | | Postcode: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home number: | | | | | |  | | | | | | | | | | Mobile number: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Email address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Reason for replacement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost |  | | Stolen | | | |  | | | | | Destroyed | |  | Change of name (requires evidence e.g.: marriage certificate) \*no fee | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Describe how the licence was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | | | | | | | | | Post | | |  | | | | | | | | | | | | Collection | | | | | |  | | | |
| **5. 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 is complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Declaration completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 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 by the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed 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** | | | | | | | | | Shop 1, Randazzo Building, 18 Katherine Terrace. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alice Springs** | | | | | | | | | Ground floor, The Green Well building, 50 Bath Street. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tennant Creek** | | | | | | | | | Shop 2, Barkly House, Cnr Davidson and Patterson Street. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 193 111 | | | | | | | | | | | **Email:** [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | **Postal:** GPO Box 9800, Darwin, NT 0801 | | | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash | |  | | Cheque (Made out to Receiver of Territory Money) | | | | | | | | | | | | | |  | | | Credit card (Visa or MasterCard Only) | | | | | | | | | | | | | | | | | | |  | |
| Cardholder name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card number: | | | | | | | | | |  | | | | | | | | | | | | | Expiry: | | | | | | |  | | | | | | | | | | | |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | |
| Cardholder signature: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | |