Use this form to apply for a replacement high risk work licence in accordance with Regulation 98 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

**Note:** A person may not hold more than one high risk work licence at any time.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | | | | Post | | | | | | |  | | | | | | | Collection | | | | | | |  | | | | |
| 1. **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 is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 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 193 111 | | | | | | | | **Email:** [territorybusinesscentre@nt.gov.au](mailto: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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: | | |  | | | | | | Receipt number: | | | |  | | | | | | | | | Amount paid: | | | | | | | | | |  | | | | | |