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.

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

**Application type:** Asbestos removal licence  Asbestos assessor licence

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Licence number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete this section if applying to replace an asbestos assessor licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | | | | | | | Date of birth: | | | | | | |  | | | | | | | |
| Given name/s: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | | State: | | |  | | | | | Postcode: | | | | | |  | | | |
| Work number: | | |  | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete this section if applying to replace and asbestos removal licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | |  | | | | | | | | | | | | | | | | ABN/ACN: | | | | | | |  | | | | | | | |
| Trading name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact person: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | State: | | | |  | | | | | Postcode: | | | | | |  | | | |
| Work number: | | |  | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Competency** (Assessor only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that I have maintained my competency to carry out work covered by the licence | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No |  |
| 1. **Reason for replacement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost |  | | | Stolen | | | |  | | Destroyed | | | |  | | | | | | | | | | | | | | | | | | | |
| Describe how the accreditation document was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the replacement licence? | | | | | | | | | | | | Post | | | | |  | | | Email | |  | | | | | 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 form complete and declaration signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) 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 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | |  | | | | |