Use this form to apply for a fireworks assessor licence in accordance with Regulation 133 of the Dangerous Goods Regulations 1985. Applicants must have attained the age of 18 and have current .

**Note: Testing must be conducted in accordance with Australia Standard 2187.3.**

**Application type:**

New  Renewal

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Current licence details** (Renewal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | |  | | | | | | Expiry date: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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. **Disclosure of information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted or found guilty of any offence under the *Dangerous Goods Act 1998* or Regulations in another State, Territory or the Commonwealth? (if yes, provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been refused or disqualified from applying for a NT fireworks assessor licence?  (if yes, provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of any offence under firearms legislation in any State or Territory of Australia? (if yes, provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted in relation to the importation, manufacture, sale or use of dangerous goods, including fireworks? (if yes, provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Evidence of continual use** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach log books; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Attach a letter from your employer/supervisor stating your practical or continual experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Relevant experience:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many hours of shopgoods fireworks testing have you completed under supervision? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Location: | |  | | | | | | | | | Type: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | Type: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | Type: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | Type: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other relevant experience to support your application:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Proof of identity (ID)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicants **must attach** either one of the following combinations:   * One primary and two secondary documents; or * Two primary and one secondary documents from the list below.   ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact NT WorkSafe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | | |
| Australian birth certificate/card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Australian citizenship certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Australian drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children’s card etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Proof of Age Card issued by an Australian State or Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Identity document issued by an Aboriginal Land Council that has your photograph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Secondary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | | |
| Photo ID card showing you are a Commonwealth, State or Territory Government employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Medicare, centrelink or health care card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Credit card or debit card – one per bank only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Council rates notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Utilities notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Foreign drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | Post | | | | | | | |  | | | | | | | Collection | | | | | | | | | |  | | | | | |
| 1. **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I consent to NT WorkSafe collecting personal information about me from, and disclosing any personal information about me to, other Government Agencies in relation to my fireworks assessor approval.  I hereby declare that I have read and understood the requirements and conditions applicable to this application, and that to the best of my knowledge and belief the information provided by me in support of my application to have my shotfirer’s licence endorsed to licence me as an authorised fireworks assessor is true and correct in every particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | | | | |  | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **New** | | | | | | | **Renewal** | | |
| Application is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Payment of application fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| One clear, passport size photograph no more than 6 months old attached. Alternatively photographs can be taken at any Territory Business Centre | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Proof of identity documents attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Evidence of continual use attached i.e. log books | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Letter from your employer/supervisor stating your practical or continual experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Copy of front and back of current NT shotfirer licence attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| **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, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | |  | | | | | | | | | | | | | | | | |