Use this form to notify of an amendment to a previously submitted asbestos removal notification.

Complete the relevant fields you wish to amend.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Reference number** | | | | | | | | | | | | | | | | | | | | |
| Reference number (e.g.2021NOW00000): | | | | | | |  | | | | | | | | | | | | | |
| 1. **Asbestos business details** | | | | | | | | | | | | | | | | | | | | |
| Business name: | |  | | | | | | | | | | | | | | | ABN: |  | | |
| Contact person: | |  | | | | | | | | | | | | | | | | | | |
| Phone number: | |  | | | | | | | Mobile number: | | | | | |  | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | |
| 1. **Date amendment** | | | | | | | | | | | | | | | | | | | | |
| Estimated start date: | | | | |  | | | Estimated finish date: | | | | | | | | |  | | | |
| 1. **Quantity amendment** | | | | | | | | | | | | | | | | | | | | |
| Estimated quantity of asbestos to be removed (square metres): | | | | | | | | | | | |  | | | | | | | | |
| 1. **Workers amendment** (provide workers details below, if more than 6 workers please attach additional pages) | | | | | | | | | | | | | | | | | | | | |
| Number of workers: | | |  | | | | | | | | | | | | | | | | | |
| Number | Worker name | | | | | | | | | | Competency unit achieved | | | | | | | | | Issue date |
| 1 |  | | | | | | | | | |  | | | | | | | | |  |
| 2 |  | | | | | | | | | |  | | | | | | | | |  |
| 3 |  | | | | | | | | | |  | | | | | | | | |  |
| 4 |  | | | | | | | | | |  | | | | | | | | |  |
| 5 |  | | | | | | | | | |  | | | | | | | | |  |
| 6 |  | | | | | | | | | |  | | | | | | | | |  |
| 1. **Supervisor amendment** (note: the supervisor must be approved on your business licence) | | | | | | | | | | | | | | | | | | | | |
| Number | Supervisor name | | | | | | | | | Phone number | | | | | | Email address | | | | |
| 1 |  | | | | | | | | |  | | | | | |  | | | | |
| 2 |  | | | | | | | | |  | | | | | |  | | | | |
| 3 |  | | | | | | | | |  | | | | | |  | | | | |
| 4 |  | | | | | | | | |  | | | | | |  | | | | |
| 5 |  | | | | | | | | |  | | | | | |  | | | | |
| 1. **Other amendments** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Notifier declaration** | | | | | | | | | | | | | | | | | | | | |
| The information in this notification 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 notification. | | | | | | | | | | | | | | | | | | | | |
| I have submitted this form electronically (signature is not required) | | | | | | | | | | | | | | | | | | |  | |
| Notifier signature: | | | |  | | | | | | | | | | Date: | | | | |  | |
| **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 NT WorkSafe below: | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 019 115 | | | | | | **Email:** ntworksafe@nt.gov.au | | | | | | | **Postal:** GPO Box 1722, Darwin NT 0801 | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | |