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

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

**Application type:**

New  Renewal  Reciprocal

**Licence type:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agricultural/Seismic/Small scale blasting | | | | | | | | | | |  | | Tunnelling and underground mining | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Quarrying/Open cut | | | | | | | | | | |  | | Fireworks (display) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Construction | | | | | | | | | | |  | | Fireworks (special effects) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Other (please specify): | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. **Medical details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you suffer from defective hearing, defective vision or a physical infirmity, which would render you unfit to safely perform the duties as a holder of the licence for which you have applied? (If yes please complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | |  | | | | No | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence cancellation/suspension/refusal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever had your licence or certificate of competency issued by a Regulatory Authority cancelled, suspended or refused? (If yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | No | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Employer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current employer name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor name: | | | | | |  | | | | | | | | | | | | | | Phone number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Previous employer name (if applicable): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor name: | | | | | |  | | | | | | | | | | | | | | Phone number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Competency training** (New only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For the relevant licence you are applying for, attach copies of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Blasting and fireworks ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence of competency training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Letter from employer outlining in house training/experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Model rockets ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current certification from a rocketry organisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 1. **Evidence of continual use** (Renewal and Reciprocal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach blast plans/log books; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Attach a letter from your employer/supervisor stating your practical or continual experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 1. **Reciprocal requirements** (Reciprocal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach a copy of the front and back of your current interstate shotfirer licence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Supervisor name: | | | |  | | | | | | | | | | | | | | | | | Licence number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Supervisor signature: | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **Criminal history check** (not more than 6 months old at time of application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attached criminal history fingerprint check **(New)** | | | | | | | | | |  | | Attached criminal history name check **(Reciprocal and Renewal)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Note:** A current dangerous goods security card can be accepted in place of a criminal history check. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The information in this application is true and correct to the best of my knowledge.  I consent to the Competent Authority making enquiries and exchanging information with Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application. NT WorkSafe may also disclose your licence status to third parties who wish to verify your licence. Licence status refers to the issue and expiry date as well as any classes or conditions of your licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **New** | | | | | | | | | **Reciprocal** | | | | | | | | | | **Renewal** | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| Copy of competency training certificate and letter from employer outlining in-house training attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | N/A | | | | | | | | | | N/A | | | | |
| Evidence of continual use attached i.e. blast plans or log books | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | | | | | | | | |  | | | | |
| Letter from your employer/supervisor stating your practical or continual experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | | | | | | | | |  | | | | |
| Criminal history check attached or copy of front and back of DG security card | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| Copy of front and back of current interstate shotfirer licence attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | | | | | | | | | N/A | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | |  | | | | | | | | | | | | |