Use this form to apply for a high risk work licence in accordance with Regulation 81 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

Refer to the high risk work licence bulletin for further information. For the relevant application fee, visit the licensing fees and charges webpage.

**Application type:**

New  Renewal

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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. **Residence location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Work Health Authority must issue a high risk work licence to an applicant who resides in the **Northern Territory** or if residing outside the Northern Territory circumstances exist that justify the grant of the licence [Regulation 89(2)(c)].  A circumstance to justify the grant of a licence is for example **fly in/fly out** workers on a Northern Territory mine site. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you a fly in/fly out worker?**  If yes, please supply the contact information below. If no, please continue to section 3. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | No | | | |  | |
| Employer name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact person: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | |  | | | | | | | Mobile number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Current licences relevant to the application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold an equivalent high risk work licence in another State or Territory?  If yes, please provide details in below table. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | No | | | |  | |
| Licence number | | | | Classes | | | | | | | | | | State issued | | | | | | | | | Date of issue | | | | | | | | | | | Expiry date | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
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| A person may not hold more than one high risk work licence at any time. When applying for a high risk work licence you must identify and surrender any existing high risk work licences prior to a new licence being issued. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Select the high risk work licence classes being applied for** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crane and hoist operations | | | | | | | | Scaffolding work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tower Crane (CT) | | | | | | |  | Basic Scaffolding (SB) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Self-erecting Tower Crane (CS) | | | | | | |  | Intermediate Scaffolding (SI) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Derrick Crane (CD) | | | | | | |  | Advanced Scaffolding (SA) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Portal Boom Crane (CP) | | | | | | |  | Dogging and rigging work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bridge and Gantry Crane (CB) | | | | | | |  | Dogging (DG) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Vehicle Loading Crane (CV) | | | | | | |  | Basic Rigging (RB) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Non-slewing Mobile Crane (CN) | | | | | | |  | Intermediate Rigging (RI) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Slewing Mobile Crane with a capacity up to 20T (C2) | | | | | | |  | Advanced Rigging (RA) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Slewing Mobile Crane with a capacity up to 60T (C6) | | | | | | |  | Pressure equipment operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slewing Mobile Crane with a capacity up to 100T (C1) | | | | | | |  | Standard Boiler Operation (BS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Slewing Mobile Crane with a capacity over 100T (CO) | | | | | | |  | Advanced Boiler Operation (BA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Boom-type Elevating Work Platform (WP) | | | | | | |  | Turbine Operation (TO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Materials Hoist (HM) | | | | | | |  | Reciprocating Steam Engine Operation (ES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Personnel and Materials Hoist (HP) | | | | | | |  | Forklift operation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concrete Placing Boom (PB) | | | | | | |  | Forklift Truck (LF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Reach Stacker (RS) | | | | | | |  | Order Picking Forklift Truck (LO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*A High Risk Work Licence hierarchy is any group of classes that requires the entry level class prior to holding the higher level classes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence renewals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your expiring licence issued by another WHS regulator?  If yes, please provide reasons for requesting the renewal in the Northern Territory: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that I have maintained my competency to carry out the high risk work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | |  |
| \* If no, an assessment report must accompany this application within 60 days of the report being issued. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence cancellation/suspension/refusal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted or found guilty of any offence under the *Work Health and Safety* (NUL) *Act 2011* or Work Health and Safety (National Uniform Legislation) Regulations 2011 or under the Work Health and Safety (WHS) law of another State, Territory or the Commonwealth? (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you entered into an enforceable undertaking under the WHS Act or under the WHS law of another State, Territory or the Commonwealth? (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever had an equivalent high risk work licence under the WHS Act or Regulations or the WHS law of another State, Territory or the Commonwealth refused, or suspended or cancelled?  (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been disqualified from applying for a high risk work licence? (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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. 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** | | | | | | | | | | **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) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| Evidence of competency training (HRW Licence Assessment Report) attached  Assessment reports dated more than 60 days from the assessment date will not be accepted | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | N/A | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| Current licences – surrender of original NT and/or interstate licence if applicable | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **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: | | | | | | | | | | | |  | | | | | | | | | | | |