Use this form to update any changes to the contact details for an asbestos assessor under Regulation 506 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

It is the assessor’s responsibility to notify NT WorkSafe of any change in details within 14 days after the assessor becomes aware of the change.

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

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| 1. **Licence number** | | | | | | | | | | | | | | |
| Licence number: |  | | | | | | | | | | | | | |
| 1. **Applicant details** | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | Date of birth: | | | | |  | |
| Given name/s: |  | | | | | | | | | | | | | |
| Residential address: |  | | | | | | | | | | | | | |
| Suburb: |  | | | | State: | | |  | | | | Postcode: | |  |
| Is your postal address the same as above? (If no, complete below) | | | | | Yes | |  | | | No | | |  | |
| Postal address: |  | | | | | | | | | | | | | |
| Suburb: |  | | | | State: | | |  | | | | Postcode: | |  |
| Work number: |  | | | Mobile number: | | | |  | | | | | | |
| Email address: |  | | | | | | | | | | | | | |
| 1. **Applicant declaration** | | | | | | | | | | | | | | |
| The information in this application is true and correct to the best of my knowledge. | | | | | | | | | | | | | | |
| Applicant name: | |  | | | | | | | | | | | | |
| Applicant 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](mailto:ntworksafe@nt.gov.au) | | | **Postal:** GPO Box 1722, Darwin, NT 0801 | | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | |