This form is used to nominate a new supervisor or remove an existing supervisor on an asbestos removal licence as per Regulation 507 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

**Type of notification:** Nominate new supervisor  Remove existing supervisor

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| 1. **Business details** | | | | | | | | | | | | | | | | |
| Business name: |  | | | | | | | Licence number: | | | |  | | | | |
| Contact person: |  | | | | | | | Phone number: | | | |  | | | | |
| 1. **New supervisor details** | | | | | | | | | | | | | | | | |
| Supervisor name: |  | | | | | | | | | | | | | | | |
| Mobile: |  | | | Email address: | | |  | | | | | | | | | |
| Attached legible copy of ID for nominated supervisor (18+ years) | | | | | | | | | | | | | | |  | |
| Attached copy of completed units of competency for asbestos removal work and asbestos removal supervision for each named supervisor as appropriate.  **CLASS A**:   * CPCCDE4008 – Supervise asbestos removal or equivalent; and * CPCCDE3015 – Remove friable asbestos or equivalent   **CLASS B**:   * CPCCDE4008 Supervise asbestos removal or equivalent; and * CPCCDE3014 Remove non-friable asbestos or equivalent; or   CPCCDE3015 Remove friable asbestos or equivalent. | | | | | | | | | | | | | | |  | |
| Attached description of the work undertaken supported by documentation/evidence for each named supervisor. **Class A** – over a three-year period or **Class B** – over a one-year period. | | | | | | | | | | | | | | |  | |
| 1. **Removal of existing supervisor** (if applicable) | | | | | | | | | | | | | | | | |
| Supervisor name: |  | | | | | | | | | | | | | | | |
| 1. **Receiving amended licence** | | | | | | | | | | | | | | | | |
| How do you wish to receive the amended licence? | | | | | Post |  | | | Email | |  | | | Collection | |  |
| 1. **Applicant declaration** | | | | | | | | | | | | | | | | |
| I have authority from the body corporate to complete and submit this notification.  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 application. | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |