Use this form to apply for an asbestos assessor licence in accordance with Regulation 489 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

If you hold a current asbestos assessor licence in another State or Territory there is no requirement for you to apply in the Northern Territory unless that licence is due for renewal.

Regulation 497(2)(c) states the regulator must issue an asbestos assessor licence to an applicant who resides in the Northern Territory or if residing outside of the Northern Territory satisfies the regulator of circumstances justifying the granting of a licence.

Refer to the guide for asbestos removal and licensing for further information.

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

If an application for renewal is not lodged prior to the expiry date, you will be required to complete a new application.

**Application type:** New  Renewal

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Licence details** (Renewal only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | | |  | | | | | | | | | Expiry date: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given name/s: | | | | |  | | | | | | | | | | | | | | 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: | | | | | | | |  | | | | |
| Work number: | | | |  | | | | | | | | | Mobile number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Existing interstate accreditation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold an equivalent asbestos assessor licence under a corresponding Work Health and Safety law? (If yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | | | |  | | | | Yes | | |  | |
| State/Territory issued: | | | | | | |  | | | Date of issue: | | |  | | | | | | | | | | | | | Expiry date: | | | | | | | |  | | | | | | | | | | | |
| Do you have any conditions attached to this licence? (if yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | |  | | | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence cancellation/suspension/refusal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been found guilty of an offence under the *Work Health and Safety Act* or Regulations or under the Work Health and Safety law of another State or Territory or the Commonwealth? (If yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | |  | | | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the *Waste Management and Pollution Act*, *Public and Environmental Health Act* or any other law of the Territory regulating environmental protection? (If yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | |  | | | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously had an equivalent licence refused, suspended, cancelled or been disqualified from holding an equivalent licence under the WHS Act or Regulations or under the WHS law of another State or Territory or the Commonwealth? (If yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | |  | | | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you entered into an enforceable undertaking under the WHS Act or under the WHS law of another State or Territory or the Commonwealth? (If yes, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | |  | | | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Referee** (New only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must supply the contact details of 2 referees in relation to your asbestos experience. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referee name: |  | | | | | | | | | | | Referee name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: |  | | | | | | | | | | | Company: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: |  | | | | | | | | | | | Phone number: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Information to be published on the NT WorkSafe website** (Compulsory) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Regulation 528 it is a requirement for any asbestos assessor’s name to be publicly published.  I acknowledge my name, suburb and phone number will published on the website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | | | Post |  | | | | Email | | | | | |  | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NEW -** I have the knowledge and skills of relevant asbestos removal industry practice. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **RENEWAL -** I declare that I have maintained the competency required to carry out work covered by the licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Applicant name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **New** | | | | | | | | | **Renewal** | | |
| Application form complete and declaration signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| If residing interstate, written evidence to justify the grant of the licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| Copy of completed unit CPCCDE5001 – Conduct air monitoring and clearance inspections for asbestos removal work **or** documentation showing completion of a tertiary qualification in either occupational health and safety, industrial hygiene, science, building construction or environmental health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | N/A | | |
| Evidence of the knowledge and skills of relevant asbestos removal industry practice acquired through training or experience verifiable by a referee whose contact details are provided. The evidence of experience can be provided in the form of resume, letter from employer/s, air monitoring reports, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | N/A | | |
| Copy of certificates or documents showing the successful completion of training if licence is conditional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | |
| A legible front and back copy of asbestos assessor licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | |
| A legible front and back copy of photo ID e.g. passport, drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| **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** | | Shop 1, Randazzo Building, 18 Katherine Terrace. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | | | | | |  | | | | | | | | | |