Use this form to apply for administrative approval to deliver TLILIC0001 – “Licence to transport dangerous goods by road” in accordance with Regulation 206 of the Transport of Dangerous Goods by Road & Rail (National Uniform Legislation) Regulations 2011.

Note: Registered Training Organisations (RTOs) must have on scope to deliver and assess the approved unit of competency TLILIC0001 – “Licence to transport dangerous goods by road”.

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

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| 1. **Details of registered training organisation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | |  | | | | | | | | | | | | | | ABN/ACN: | | | | | | | |  | | | | | | | | | |
| ASQA registration code: | | | |  | | | | State/Territory of registration: | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Contact person: | |  | | | | | | | | | | | Position: | | | | | | | |  | | | | | | | | | | | | |
| Business address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | | | | | | |  | | | | | Postcode: | | | | | | |  |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | Yes | | |  | | | | | | | No | | |  | | | | | | | | |
| Postal address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | | | | | | |  | | | | | | Postcode: | | | |  | | |
| Phone number: | |  | | | | | | | | | Mobile number: | | | | | | | | | |  | | | | | | | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **RTO declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **As an authorised representative of the RTO, I am aware that to maintain status as an approved RTO to deliver TLILIC0001 – “Licence to transport dangerous goods by road” the RTO must comply with the following conditions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notify NT WorkSafe of any change in contact details within 28 days of occurrence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Notify NT WorkSafe of any status changes with the Australian Skills Training Authority (ASQA). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Ensure assessments are conducted in accordance with the guidelines of the “Mandated assessment instrument” and TLILIC0001 – “Licence to transport dangerous goods by road”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Ensure that all assessors of the course have undertaken the “Mandated Assessment Instrument”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Ensure that all assessors of the course have 5 years dangerous goods industry and operation experience. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Ensure that all assessors of the course hold a current Certificate IV in Training and Assessment qualification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Ensure that your ASQA provider number is displayed on the statement of attainment issued to successful course participants. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Agree to provide NT WorkSafe with assessor information if requested. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Agree to participate in audits conducted by NT WorkSafe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. **Permission to publish on the NT WorkSafe website**   If the application to deliver TLILIC0001 is successful, the RTO will be listed on the NT WorkSafe website. Indicate your preferences: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RTO name |  | | | | | Phone number | | | |  | | | | | | | | | Email address | | | | | | | | |  | | | | | |
| I agree to ensure the contact details held and published by NT WorkSafe are current and valid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| I understand that NT WorkSafe is not endorsing any provider of products or services by facilitating access to information regarding training providers from its web pages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. **Receiving approval** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the approval? | | | | | | | Post | |  | | | | | Email | | | |  | | | | | Collection | | | | | |  | | | | |
| 1. **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the undersigned person making this application and authorised representative of the RTO, hereby solemnly and sincerely declare that the statements made in this application are true and correct in every particular and any conditions listed above will be adhered to.  I understand that failure to comply with the conditions of this application may result in the cancellation of NT WorkSafe approval to deliver TLILIC0001 – “Licence to transport dangerous goods by road” in the Northern Territory.  By signing this application, you hereby authorise NT WorkSafe to provide other Government agencies/authorities with information relating to the accreditation and activities as a Registered Training Organisation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | |  | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Attached evidence that TLILIC0001 – “Licence to transport dangerous goods by road” is on scope ([www.training.gov.au](http://www.training.gov.au) print out/letter from ASQA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | |  | | | | | |