Use this form to apply a high risk work licence assessment report book.

**Note:** if a representative is collecting book(s) on behalf of an HRW Assessor they must complete section 4.

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

|  |
| --- |
| 1. **Accreditation details**
 |
| Accreditation number: |  | Expiry: |  |
| 1. **HRW Assessor 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: |  |
| Phone number: |  | Mobile number: |  |
| Email address: |  |
| 1. **Book requirements**
 |
| Number of books required: |  |
| **Assessment report book serial numbers issued (TBC use only)** |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. **HRW Assessor representative** (if applicable)
 |
| Name and signature of representative who is authorised to collect books on behalf of HRW Assessor. |
| Representative name: |  |
| Representative signature: |  | Date: |  |
| 1. **Receiving books**
 |
| How do you wish to receive the books? | Post | [ ]  | Collection | [ ]  |
| 1. **HRW Assessor declaration**
 |
| I do solemnly declare that 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. |
| Assessor name: |  |
| Assessor signature: |  | Date: |  |
| **Checklist** |
| Application is complete and signed | [ ]  |
| Payment of application fee | [ ]  |
| A copy of the front and back of HRW Assessor representative photo ID (if applicable) | [ ]  |
| A copy of the front and back of HRW Assessor accreditation  | [ ]  |
| **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  | **Postal:** GPO Box 9800, Darwin, NT 0801 |
| **Payment details** |
| Cash | [ ]  | Cheque (Made out to Receiver of Territory Money) | [ ]  | Credit card (Visa or MasterCard only) | [ ]  |
| Cardholder name: |  |
| Card number: |  | Expiry: |  |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | $ |  |
| Cardholder signature: |  | Date: |  |