This form is used to apply for an authorisation in accordance with Regulation 380, 381 and 382 of the Work Health and Safety (National Uniform Legislation) Regulations.

Refer to the guide for applicants for authorisation to use, handle or store prohibited and restricted carcinogens for further information.

**Type of application:** New  Amendment (change of details)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the individual or contact person for body corporate | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name: |  | | | | | | | | | | ABN: | | | | |  | | | | | | | | | |
| Trading name: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work number: |  | | | | | | Mobile number: | | | | | |  | | | | | | | | | | | | |
| Email address: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Supplier (of the carcinogen) details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the individual supplier | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name: | | |  | | | | | | | | | | ABN: | | |  | | | | | | | | | |
| Trading name: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Contact name of supplier: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of supplier: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | State: | | | |  | | | | | | | Postcode: | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work number: | | |  | | | | Mobile number: | | | | | |  | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **3. Details of location** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address where carcinogen to be used, handled or stored | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site name: (if applicable) | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | State: | | | |  | | | | | | | Postcode: | | |  | | |
| **4. Details of carcinogen** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of carcinogen (select either): | | | | | Friable |  | | | | | | Non - Friable | | | | | | | |  | | | | | |
| Name of the carcinogen: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Quantity of the carcinogen to be used, handled or stored at the workplace each year: | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Purpose of activity for which the carcinogen will be used, handled or stored: (please describe below): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of workers that may be exposed to the carcinogen: | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **5. Documents to be supplied with the application** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of risk management procedures or amended risk management procedures for the use, handling and storage. | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **6. Receiving authorisation** | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | Post | |  | | | | Email | | | |  | | | | Collection | |  | |
| **7. Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have authority from the body corporate to complete and submit this application (body corporate applicants).  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 WHS Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | |  | | | | | | | | | | | | | Date: | | | |  | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application form is complete and declaration signed. | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Copy of risk management procedures or amended risk management procedures for the use, handling and storage | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to 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 | | | | | | | | **Postal:** GPO Box 1722, Darwin NT 0801 | | | | | | | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | | | | | | |