Use this form to apply for a replacement individual licence for Dangerous Goods under Regulation 5N of the Dangerous Goods Regulations 1985 and Regulation 181 of the Transport of Dangerous Goods by Road and Rail (National Uniform Legislation) Regulations 2011.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Current licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DG driver licence | | | |  | | | | | Gasfitter | |  | | | | | | | Shotfirer | | | | | | | |  | | | | | | | | | | |
| 1. **Applicant 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: | | | |  | | |
| Home number: | | | | |  | | | | | | | | | Mobile number: | | | | | | | | | |  | | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Reason for replacement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost |  | Stolen | | |  | | Destroyed | |  | Change of name (requires evidence e.g.: marriage certificate) \*no fee | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Describe how the accreditation document was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving replacement licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | | | | Post | | | | | | |  | | | | | | | | Collection | | | | | |  | | | |
| 1. **Applicant 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Attached legible copy of the front and back of photo ID e.g.: copy of drivers licence, passport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **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: | | | | | | | | | |  | | | | |