

# Change to nominated supervisor- Asbestos removal licence

This form is used to nominate a new supervisor or remove an existing supervisor on an asbestos removal licence as per Regulation 507 of the [Work Health and Safety \(National Uniform Legislation\) Regulations 2011](#).

**Type of notification:**    Nominate new supervisor                          Remove existing supervisor   

## 1. Business details

Business name:		Licence number:	
Contact person:		Contact number:	

## 2. New supervisor details

Supervisor name:			
Mobile:		Email address:	
Attached legible copy of ID for nominated supervisor (18+ years)			<input type="checkbox"/>
Attached copy of completed units of competency for asbestos removal work and asbestos removal supervision for each named supervisor as appropriate. <b>CLASS A:</b> <ul style="list-style-type: none"><li>• CPCCDE4008 – Supervise asbestos removal or equivalent; and</li><li>• CPCCDE3015 – Remove friable asbestos or equivalent</li></ul> <b>CLASS B:</b> <ul style="list-style-type: none"><li>• CPCCDE4008 Supervise asbestos removal or equivalent; and</li><li>• CPCCDE3014 Remove non-friable asbestos or equivalent; or</li></ul> CPCCDE3015 Remove friable asbestos or equivalent.			<input type="checkbox"/>
Attached description of the work undertaken supported by documentation/evidence for each named supervisor. <b>Class A</b> – over a three-year period or <b>Class B</b> – over a one-year period.			<input type="checkbox"/>

## 3. Removal of existing supervisor (if applicable)

Supervisor name:	
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## 4. Receiving amended licence

How do you wish to receive the amended licence?	Post <input type="checkbox"/>	Email <input type="checkbox"/>	Collection <input type="checkbox"/>
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## 5. Applicant declaration

I have authority from the body corporate to complete and submit this notification.  
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 Work Health and Safety Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Applicant name:			
Applicant signature:		Date:	

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### Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so, or you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

### 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](mailto:ntworksafe@nt.gov.au)

**Postal:** GPO Box 1722, Darwin, NT 0801

**In person:** Building 3, Darwin Corporate Park, 631 Stuart Highway, Berrimah NT