



TAX INVOICE

SafeWork SA

APPLICATION FOR REPLACEMENT LICENCE

ACCREDITED ASSESSOR  
ASBESTOS ASSESSOR

Work Health and Safety Act 2012 (SA)  
Work Health and Safety Regulations 2012 (SA)

Enquiries 1300 365 255  
Internet safework.sa.gov.au  
Email licensing.safework@sa.gov.au  
Post GPO Box 465, Adelaide SA 5001  
ABN 50 560 588 327

Use this form only if you need to replace your licence because it has been lost, stolen or destroyed

1. REPLACEMENT REASON

What replacement licence to you require, please tick applicable box:

ACCREDITED ASSESSOR       ASBESTOS ASSESSOR

Licence No

What is your reason for a replacement licence, please tick applicable box:

A) LICENCE LOST       B) LICENCE STOLEN       C) LICENCE DESTROYED

Please provide details of how the licence was lost, stolen or destroyed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. APPLICANT DETAILS

Please print your name exactly as it appears on your original/current licence card

Family Name       Given Name(s)       Title       Date of Birth

Residential Address       Postcode

Postal address (if different from above)       Postcode

Telephone       Mobile

Email Address

4. SUPPORTING DOCUMENTATION

Please tick box to confirm you have attached the relevant documentation:

One passport size photograph taken within the last 6 months  
 Copy of current driver's licence clearly showing facial features

5. DECLARATION

*I hereby apply for a replacement licence because my original licence was lost, stolen or destroyed. I understand that if I locate my original licence, I must destroy it immediately, as it is an offence to carry more than one licence for the same type of authorisation.*

*I declare that to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.*

Name of Applicant

Signature of Applicant

Date

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**TAX INVOICE - PAYMENT INFORMATION**

**SafeWork SA**

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**6. PAYMENT OPTIONS**

Applicant Name

**APPLICATION FEE DUE: \$125.00** (Fee current to 30 June 2022)

*This fee is exempt from GST*

**APPLY BY EMAIL:**

Accepted payment type

1 - VISA or MasterCard  
(provide cardholder information below)

**NOTE:** Once your application has been assessed, SafeWork SA will contact you for payment.

**Send all documents to**  
[licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)  
(Total file size must be less than 20MB)

**APPLY BY POST:**

Accepted payment types

1 - VISA or MasterCard  
(provide cardholder information below)  
  
2 - Cheque or money order  
(made out to SafeWork SA)

**Send all documents to**  
SafeWork SA  
Licensing Unit  
GPO Box 465  
ADELAIDE SA 5001

**CARDHOLDER INFORMATION**

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment (if different to Card Holder name)

Contact telephone number

Date

Postal or email address for payer (receipts will be sent to this address)

**I authorise SafeWork SA to deduct the amount of \$**

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.