

**APPLICATION FOR AN ASBESTOS ASSESSOR LICENCE**

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

*Work Health and Safety Act 2012 (SA)  
 Work Health and Safety Regulations 2012 (SA)  
 Regulation 489 'Requirement to hold asbestos assessor licence'*

For help completing this application, please refer to the Guide for Applicants, available at [www.safework.sa.gov.au](http://www.safework.sa.gov.au).

**1. APPLICANT DETAILS**

**Name of the individual applicant:**

Family name	Given name(s)	Title	M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>

**Address details**

Suburb/town	State/territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different from above)

Telephone	Mobile	Facsimile (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

**2. BUSINESS FOR WHOM THE APPLICANT WORKS (IF APPLICABLE)**

Australian Business Number (ABN)	Australian Company Number (ACN)	SafeWork SA Client Number (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business registration (trading) name

**Your Licensing details will be included on the SafeWork SA website register under this business name.**

**3. ADDITIONAL INFORMATION**

Has the applicant been found guilty of an offence under the *Work Health and Safety (WHS) Act 2012 (SA)* or under the *Work Health and Safety Regulations 2012 (SA)* or under the WHS law of another state or territory or the Commonwealth?

No  Yes - please provide details:

Has the applicant been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the *Environment Protection Act 1993 (SA)* or under the *Environment Protection Regulations 2009 (SA)* or under environmental laws of another state or territory or the Commonwealth?

No  Yes - please provide details:

Does the applicant hold an equivalent licence under a corresponding WHS law?

No  Yes - please provide details:

Has the applicant previously had an equivalent licence refused, suspended or cancelled under the *Work Health and Safety Act 2012 (SA)* or under the *Work Health and Safety Regulations 2012 (SA)* or under the WHS law of another state or territory or the Commonwealth?

No  Yes - please provide details:

Has the applicant been disqualified from holding an equivalent licence by another state or territory or the Commonwealth WHS regulator?

No  Yes - please provide details:

Has the applicant entered into an enforceable undertaking under the *Work Health and Safety Act 2012 (SA)* or the WHS law of another state or territory or the Commonwealth?

No  Yes - please provide details:

#### 4. SUPPORTING DOCUMENTATION

You must attach the following documents (please tick to confirm you have attached):

- Copy of the document **showing successful completion of the specified VET course 'Conduct Asbestos Assessment associated with Removal'** for an asbestos assessor or documentation showing completion of a tertiary qualification in occupational health and safety or industrial hygiene or science or building construction or environmental health.
- Description of the work undertaken over the proceeding **two year period in** supervising or undertaking asbestos assessor work. Include the names and contact telephone numbers of referees.
- Two identical colour passport photos that were taken within six months of the date of the application
- A copy of both sides of the applicant's current drivers licence, which clearly shows the facial features of the applicant and must show the applicant's current address which matches that on the application

#### 5. DECLARATION

**IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your application.**

**I declare that:**

- I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with any individuals or non-government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- 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



TAX INVOICE - PAYMENT INFORMATION

SafeWork SA

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6. PAYMENT OPTIONS

Applicant Name

[Empty text box for Applicant Name]

APPLICATION FEE DUE: \$2244.00 per item (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

(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)

[Empty text box for Name of cardholder]

Signature of Card Holder

[Empty text box for Signature of Card Holder]

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

[Empty text box for Name of person authorised to approve payment]

Contact telephone number

[Empty text box for Contact telephone number]

Date

[Empty text box for Date]

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

[Empty text box for Postal or email address for payer]

I authorise SafeWork SA to deduct the amount of \$

[Empty text box for amount]

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