## Government of South Australia SafeWork SA

## **TAX INVOICE**

## **FORM DGAPP0 APPLICATION FOR APPROVAL / VARIATION**

Dangerous Substances Act 1979 Dangerous Substances Act 1979
Dangerous Substances (Dangerous Goods Transport) Regulations 2023
Australian Code for the Transport of Dangerous Goods by Road and Rail 7th edition (ADG Code)

## SafeWork SA

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

ABN 50 560 588 327

1.	. APPLICANT DETAILS							
	Family Name	Given Name(s)		Title	Date of E	Birth		
	Name of Business Entity		_					
	Trading Name							
	Australian Business Number (ABN)  Australia Company Number (ACN)							
	Postal Address	and/or				Postcode		
	1 Ustal Address				7	USICOGE		
	Name of Contact Person			Position Title				
	Telephone	Mobile						
	Email Address							
2Δ	. TYPE OF APPROVAL - NEW APPLIC	ATION						
<u> </u>	I wish to apply for (please tick if atta							
	Approval of Dangerous Goods Driver	•				DGAPP1		
	Approval to use a vehicle to transport dangerous goods that is not covered by a policy of insurance DGAPP2							
	Approval to use a verticle to transport dangerous goods that is not covered by a policy of insurance DGAPF2  Approval of tank design (tank vehicle)  DGAPP3							
	Approval of Packaging Design  Test Report							
	Approval of Method of Preparing Over pack and contents - Exemption from section 5.1.2 of ADG Code DGAPP5							
	Approval of the design of Type II segregation devices  DGAPP6							
	Approval of Method of Segregation not complying with Part 9 of the ADG Code DGAPP7				DGAPP7			
	Approval of bulk containers					DGAPP8		
 2B.	. VARIATION OF APPROVAL							
	Please tick if you have attached the	pproval and details of p	oposed va	riation.				
3.	DECLARATION							
	IMPORTANT INFORMATION: There	-	s for provi	ding misleading	or false in	formation		
	about any matter relevant to your application.							
	<ul> <li>I declare that:</li> <li>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.</li> </ul>							
	Name of Applicant	Signature of Applicant		Date				
	Hame of Applicant	Signature of Applicant		Date				

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4. PAYMENT OPTIONS				
Applicant Name				
11				
ADDITION FEE DUE - ACCT OO - A - I - V - C	(			
APPLICATION FEE DUE: \$397.00 per Approval or Variation	fees current until 30 June 2024)			
This fee is exempt from GST				
APPLY BY EMAIL:	APPLY BY POST:			
Accepted payment type	Accepted payment types			
1 - VISA or MasterCard	1 - VISA or MasterCard			
(provide cardholder information below)	(provide cardholder information below)			
NOTE: Once your application has been assessed, SafeWork SA will contact	2 - Cheque or money order			
you for payment.	(made out to SafeWork SA)			
Send all documents to	Send all documents to			
ssan.safework@sa.gov.au	SafeWork SA			
(Total file size must be less than 20MB)	Licensing Unit GPO Box 465			
	ADELAIDE SA 5001			
CARRUOL REP INFORMATION				
CARDHOLDER INFORMATION				
	Cincature of Cand Halden			
Name of cardholder (or if business name)	Signature of Card Holder			
Name of person authorised to approve payment (if different	Contact telephone Date			
Postal or email address for payer (receipts will be sent to this address)				
I authorise SafeWork SA to deduct the amount of \$				
rauthorise salework SA to deduct the amount of \$				
SafeWork SA is unable to accept credit card details via email. Once your ap	pplication has been assessed, SafeWork			
SA will contact you for payment.				