

**1. APPLICANT DETAILS**

Family Name	Given Name(s)	Title	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Business Entity			
<input type="text"/>			
Trading Name			
<input type="text"/>			
Australian Business Number (ABN)		Australia Company Number (ACN)	
<input type="text"/>	and/or	<input type="text"/>	
Postal Address			Postcode
<input type="text"/>			<input type="text"/>
Name of Contact Person		Position Title	
<input type="text"/>		<input type="text"/>	
Telephone	Mobile		
<input type="text"/>	<input type="text"/>		
Email Address			
<input type="text"/>			

**2A. TYPE OF APPROVAL - NEW APPLICATION**

**I wish to apply for (please tick if attached):**

- |                          |   |             |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Approval of Dangerous Goods Driver Training Course  | DGAPP1      |
| <input type="checkbox"/> | Approval to use a vehicle to transport dangerous goods that is not covered by a policy of insurance | DGAPP2      |
| <input type="checkbox"/> | Approval of tank design (tank vehicle)  | DGAPP3      |
| <input type="checkbox"/> | Approval of Packaging Design  | Test Report |
| <input type="checkbox"/> | Approval of Method of Preparing Over pack and contents - Exemption from section 5.1.2 of ADG Code   | DGAPP5      |
| <input type="checkbox"/> | Approval of the design of Type II segregation devices   | DGAPP6      |
| <input type="checkbox"/> | Approval of Method of Segregation not complying with Part 9 of the ADG Code                         | DGAPP7      |
| <input type="checkbox"/> | Approval of bulk containers   | DGAPP8      |

**2B. VARIATION OF APPROVAL**

- Please tick if you have attached the approval and details of proposed variation.

**3. DECLARATION**

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

**I declare that:**

- 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Applicant	Signature of Applicant	Date

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#### 4. PAYMENT OPTIONS

Applicant Name

**APPLICATION FEE DUE:**                    **\$379.00 per Approval or Variation**                    *fees current until 30 June 2023)*

*This fee is exempt from GST*

#### APPLY BY EMAIL:

Accepted payment type

1 - VISA or MasterCard

(provide cardholder information below)

#### APPLY BY POST:

Accepted payment types

1 - VISA or MasterCard

(provide cardholder information below)

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

2 - Cheque or money order  
(made out to SafeWork SA)

**Send all documents to**

[licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)

(Total file size must be less than 20MB)

**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

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 \$

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

