

## APPLICATION TO REGISTER FOR ONLINE ASBESTOS REMOVAL NOTIFICATIONS

### 1. Applicant details

Australian Business Number (ABN)	Australian Company Number (ACN)	SA Licence Holder Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registered name of body corporate (if applicable)				
<input type="text"/>				
Business registration (trading) name (if applicable)				
<input type="text"/>				
<b>Name of the individual applicant responsible for submitting Asbestos Removal Notifications:</b>				
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="15/01/76"/>
Address details				
<input type="text"/>				
Suburb/town		State/territory	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal address (if different from above)				
<input type="text"/>				
Telephone	Mobile	Facsimile (optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email address				
<input type="text"/>				

### 2. 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 OHS 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.
- I have the authority from the body corporate to complete and submit this application (body corporate applicants)

<input type="text"/>	<input type="text"/>	<input type="text" value="17/01/14"/>
Name of applicant	Signature of applicant	Date

### 3. What's Next

Post your completed form to SafeWork SA (address details at top of form) or email to [swsamfu@sa.gov.au](mailto:swsamfu@sa.gov.au). SafeWork SA will issue you with login details along with a link to the notifications portal. You may register for more than one type of notification. All online notifications are reviewed by SafeWork SA officers.

**No Fee applicable.** Please contact the SafeWork SA Help Centre on 1300 365 255 with any queries.

#### Office Use Only

Online Portal Username:	<input type="text"/>	Date Issued:	<input type="text"/>
Online Portal Password:	<input type="text"/>	Issued by:	<input type="text"/>