Government of South Australia SafeWork SA

TAX INVOICE

APPLICATION FOR A PERMIT TO CARRY OUT GAS FITTING WORK

Dangerous Substances Act 1979
Dangerous Substances (General) Regulations 2017

SafeWork 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

Address (if different from above) Postal Address (if different from above) Postal Postcode Telephone (home) Telephone (work) Mobile Email Name of Employer (if self-employed, please state) Address where Gas Fitting Work is to be carried out Postcode Occupation Address via Fitting Work is to be carried out Postcode							
Address Postcode Postal Address (if different from above) Postcode Telephone (home) Telephone (work) Mobile Email Name of Employer (if self-employed, please state) Occupation							
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Address where Gas Fitting Work is to be carried out Postcode							
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2. PERMIT DETAILS							
I hereby make application for a permit to carry out gas fitting work for:							
I am applying for a permit for the following classes of gas fitting:							
Class 1 All classes of gas fitting (must already hold Class 2)							
Class 2 Three installations for approval							
Class 3 Fork Lifts only: Installation, Maintenance and Repair							
Class 4 Maintenance and Repair of Vehicle Gas Equipment							
Class 5 Stationary Engines: Installation, Maintenance and Repair							
Class 6 Other situation specific - please provide details:							
3. SUPPORTING DOCUMENTATION							
Please tick to confirm you have attached the required documents for the application							
Flease tick to commit you have attached the required documents for the application							
One colour passport photograph, taken within six months of the date of this application.							
Proof of trade qualification (refer to Guide for Applicants for information regarding qualifications).							
Proof of LPG experience and/or training depending on class of permit required (refer to Guide for Applicants for details).							
Copy of both sides of the applicant's Driver's Licence clearly showing the applicant's facial features and							
displaying the same address as that shown on this application.							

4. DECLARATION IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your application. I consent to SafeWork SA collecting personal information about me from, and disclosing any personal information about me to, other South Australian government agencies, including those responsible for the administration of Permits to Carry Out Gas Fitting Work. I consent to SafeWork SA collecting personal information about me from, and disclosing any personal information about me to, any individual or non-government organisation for the purpose of assessing my application and, if granted, the ongoing administration of my Permit to Carry Out Gas Fitting Work. The passport photographs provided with this application were taken within six months of the date of this application. I am at least 18 years of age. 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

Government of South Australia

TAX INVOICE - PAYMENT INFORMATION

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PAYMENT OPTIONS					
Applicant name				Applicant date of birth	
Applicant address					
	n GST n application fee of	•	-	d of 3 years from the date ication, three compliance	-
Class I (included	in Class II applicat	tion)			
Class II (book, pe	ermit and 3 plates)	\$283.65			
Class III, IV, V, VI	(book and permit)	\$246.75 (F	ees current to	30 June 2023)	
Number of items:		Fee \$			
APPLY BY EMAIL:				APPLY BY POST:	
Accepted payment type				Accepted payment types	
1 - VISA or MasterCard (provide cardholder information below)				1 - VISA or MasterCard (provide cardholder information below)	
Send all documents to				Send all documents to	
licensing.safework@sa.gov.au				SafeWork SA	
(Total file size must be less than 20MB)				Licensing Unit GPO Box 465	
CARDHOLDER INFORMATION Name of cardholder (or if business name)				Signature of Card Holder	
Name of person authorised to approve paym		yment (if differen	t to Card	Contact telephone	Date
Holder name)			_	number	
Postal or email addres	a for navar (rassints	will be cent to t	hio addrasa)		
Ostal of email addres	s for payer (receipts	will be sent to the	iis addiess)		
I authorise SafeWork	SA to deduct the	amount of \$			
	-		nail. Once you	r application has been asse	essed,
SafeWork SA will cont	act you for payment	•			