



**TAX INVOICE**

**APPLICATION FOR AN ASBESTOS ASSESSOR LICENCE**

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

**SafeWork SA**  
Licensing Unit  
GPO Box 465, Adelaide SA 5001  
Level 4, World Park A  
33 Richmond Road  
Keswick SA 5035  
Help Centre: 1300 365 255  
ABN: 50 560 588 327  
www.safework.sa.gov.au

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)	SWSA 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**

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**6. PAYMENT OPTIONS**

Applicant Name

Class A or Class B application (please specify)

**APPLICATION FEE DUE: \$2,014.00 per item** (Fee current to **30 June 2018**)

*This fee is exempt from GST under Division 81 of the New Tax System Goods and Services Tax Act 1999*

Number of items:  Fee \$

**For email or fax applications, please omit credit card number, expiry date and CVV. SafeWork SA will phone the card holder for payment.**

**1. PAYING BY CREDIT CARD:** I authorise SafeWork SA to deduct the amount of \$

Mastercard          Visa

Card Number:

Expiry Date:   /   CVV Number (back of card):

Name of Card Holder (or if business name)  Signature of Card Holder

Name of person authorised to approve payment (if different to Card Holder name)  Contact telephone number  Date

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

**2. PAYING BY MAIL:** SafeWork SA, GPO Box 465, Adelaide, SA, 5001  
(make cheque or money order payable to SafeWork SA)  
**Please do not send cash in the mail**

**3. PAYING IN PERSON:** SafeWork SA Level 4, World Park A, 33 Richmond Road, Keswick SA 5035  
(we accept cash, cheque, money order or eftpos)

To discuss alternative payment methods please contact SafeWork SA on 1300 365 255.  
The completed application form can be submitted via email to [licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au).  
All supporting documentation must be forwarded by mail or delivered in person to the address above.