

TAX INVOICE

**APPLICATION FOR AN ASBESTOS
REMOVAL LICENCE**

*Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)
Regulation 458 'Duty to ensure asbestos removalist is licensed'*

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 to complete this form, please refer to the Guide for Applicants, available at www.safework.sa.gov.au.

1. APPLICANT/S DETAILS

Australian Business Number (ABN) Australian Company Number (ACN)

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Registered Name of Body Corporate (if applicable)

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Business Registration (trading) Name (if applicable)

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Name of the individual applicant or contact person for a body corporate applicant:

Family Name Given Name(s) Title M/F Date of Birth

				DD/MM/YYYY
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Address Details

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Suburb/Town State/Territory Postcode

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Postal Address (if different from above)

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Telephone Mobile Facsimile

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Email Address

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2. CLASS

Select the class of licence you are applying for: **Class A application** **Class B application**

3. NOMINATE SUPERVISOR/S

Please provide details for each supervisor, attach additional sheets if more than 3.

Supervisor 1:

Family Name Given Name(s) Title M/F Date of Birth

				DD/MM/YYYY
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Address Details

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Suburb/Town State/Territory Postcode

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Telephone Mobile Email Address

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Supervisor 2:

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"/>

Telephone	Mobile	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor 3:

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"/>

Telephone	Mobile	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. ADDITIONAL INFORMATION

Has the applicant, and in the case of a body corporate has any officer of the body corporate, been found guilty of an offence under the South Australian Work Health and Safety (WHS) Act or Regulations, or the SA Occupational Health, Safety and Welfare (OHS) Act or Regulations, or under the OHS or WHS law of another state or territory or the Commonwealth?

No Yes, please provide details:

Has the applicant, and in the case of a body corporate has any officer of the body corporate, been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the *Environment Protection Act 1993* or associated Regulations or under the environmental laws of another state or territory or the Commonwealth?

No Yes, please provide details:

Has the applicant, and in the case of a body corporate has any officer of the body corporate, 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, and in the case of a body corporate has any officer of the body corporate, previously had an equivalent licence refused, suspended or cancelled under the WHS Act or Regulations or under the WHS law of another state or territory or the Commonwealth?

No Yes, please provide details:

Has the applicant, and for a body corporate any officer of the body corporate, entered into an enforceable undertaking under the WHS Act or the WHS law of another state or territory or the Commonwealth?

No Yes, please provide details:

5. DOCUMENTS FOR THE SUPERVISOR OR WHERE THE APPLICANT WILL SUPERVISE THE REMOVAL WORK

You must attach the following documents (Please tick to confirm you have attached):

- Copy of documents showing successful completion of the units of competency for asbestos removal work and asbestos removal supervision for a Class A/or Class B (as appropriate).
- Description of the work undertaken over a three year period (Class A removalist) or 12 month period (Class B removalist) supported by references.

6. SUPPORTING DOCUMENTATIONS

You must attach the following documents (Please tick to confirm you have attached):

Copies of registration of business (trading) name issued by state/territory regulators (if applicable).

Copies of the certificate of registration of the body corporate (body corporate applicants).

7. DOCUMENTS FOR CLASS A LICENCE APPLICATIONS ONLY

You must attach the following documents (Please tick to confirm you have attached):

Evidence of a certified safety management system (required for Class A applications and renewals) complies with AS 4801:2001 (Occupational health safety and management system) or an equivalent.

8. DECLARATION

IMPORTANT INFORMATION: 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.
- I agree to my details being published by SafeWork SA **Yes** **No**
- I have the authority from the body corporate to complete and submit this application (body corporate applicants)
- Each nominated supervisor is at least 18 years old (if applicable)

Name of Applicant

Signature of Applicant

Date

The declaration must be signed by each individual in the partnership or unincorporated association. Copy and complete the declaration for each individual and submit with the application form.

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TAX INVOICE - PAYMENT INFORMATION

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9. PAYMENT OPTIONS

Applicant Name

Class A or Class B application (please specify)

APPLICATION FEE DUE: CLASS A: \$24,081.00 CLASS B: \$3,669.00 (Fee current to 30 June 2019)

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.