



To: The Director
Business Service Centre
WorkSafe
PO Box 294
WEST PERTH WA 6872

Fax: (08) 9321 8973

Details of persons **EMPLOYED** in work involving friable asbestos-containing material.
(please print)

Surname			
Given names			
Date of birth	day month year		
Address			
Date of employment	day month year		

Surname			
Given names			
Date of birth	day month year		
Address			
Date of employment	day month year		

Surname			
Given names			
Date of birth	day month year		
Address			
Date of employment	day month year		

Name of licensee			
Signature of licensee			
Licence number	Date	day month year	