



**REGULATION OF ASBESTOS REMOVALIST
WORK UNDER THE OCCUPATIONAL SAFETY
AND HEALTH ACT 1984 and OCCUPATIONAL
SAFETY AND HEALTH REGULATIONS 1996**

WorkSafe
Office Use
Only

Application for a Licence to Carry Out Restricted Asbestos Work

1. Details of Licensed Person or Company

Name of Registered Business (must be Pty Ltd)

.....

Or Family Name

Given Names

Trading Name (if applicable).....

Australian Company Number (ACN) :

Australian Business Number (ABN) :

Business Address:

.....

.....

..... Postcode:

Postal Address:.....
(if different to business address)

.....

..... Postcode:

Telephone Number: Business: (.....).....After Hours: (.....).....

Facsimile Number: (.....).....

Email Address:

Applications to be returned to:

WorkSafe	or	WorkSafe
PO Box 294		5 th Floor
WEST PERTH WA 6872		1260 Hay Street
		WEST PERTH WA

2. Directors (continue on a separate sheet if necessary)

Family Name:
Given name(s)
Address:
..... Postcode:.....
Date of Birth: Place of Birth:.....

Family Name:
Given name(s)
Address:
..... Postcode:.....
Date of Birth: Place of Birth:.....

3. Relevant Information

Have you, a partner or a Director of the Company been convicted under the *Occupational Safety and Health Act 1984*, or associated regulations in the 5 years preceding this application?

Yes No

If yes, give details:
.....
.....

4. Details of person in control of work process who has completed WorkSafe approved asbestos training.

Family Name:
Given name(s)
Address:
..... Postcode:.....
Date of Birth: Place of Birth:.....
Position in Company:.....
Starting Date of Employment:.....
Previous Employer:.....
(if employed less than twelve months)
Mobile / Contact Number (...).....

5. Declaration

This form must be signed by an authorised signatory. This is a person authorised to sign documents and who will be legally responsible. **If** a sole trader – The business owner; **if** a partnership – one of the partners; **if** a company – one of the Directors: **or** other authorised person.

* I declare that the information contained in this application is true and correct in every particular:

* I understand that relevant enquires will be made in relation to this application.

Family Name:.....

Given name(s)

Address:

.....Postcode:

Date of Birth:Place of Birth:

Position in Company:.....

Signature:.....Date:

6. Method of payment

TAX INVOICE: WorkSafe Western Australia ABN 47 908 572 641

(Note: Restricted Asbestos Licence fees are GST exempt under Division 81 Determination New Tax System [GST Tax] {Exempt taxes and fees and charges} Determination 2000 No 3)

CHEQUE CASH CREDIT CARD

(Cheques to be made payable to WorkSafe)

Visa / Mastercard

] Card No

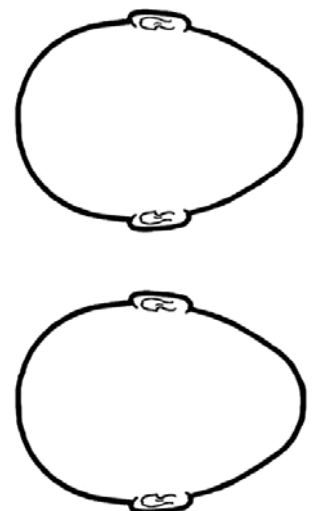
Date of Expiry

Card Holders' Name

Card Holder's Signature

7. Check List of items to be included with the application.

- At least one form of Primary (photographic), and one form of Secondary identification.
- Where the licence is to be in the name of an individual person, **2 passport colour photos** of that person.
- Statement of Experience signed and dated.
- A copy of the Statement of Completion for Restricted Asbestos Work from a Registered Training Organisation.
- Credit card payment details have been included, or a cheque or money order enclosed.
- The application form has been completed in full and signed.



Attach photos here

RESTRICTED ASBESTOS LICENCE

STATEMENT OF EXPERIENCE

Dates Employed Start/Finish dates	Employer (including contact details of person/s who can verify experience)	Project name and address & type of asbestos removed	Role in Project e.g Supervisor/ Manager

(Insert additional rows as required) - **Any additional documentation verifying experience can be attached separately.**

Name of Applicant: _____ **Signature:** _____ **Date:** ___ / ___ / _____