WorkSafe Tasmania
PO Box 56, Rosny Park, TAS 7018
Phone: (in Tasmania) 1300 366 322;
(outside Tasmania) 03 6166 4600
Email: wst.licensing@justice.tas.gov.au
Website: www.worksafe.tas.gov.au

Service Tasmania Use Only

Product Code WSA7

☐ Fee collected

☐ Evidence of Identity sighted

APPLICATION FOR APPROVAL TO UNDERTAKE A SHOT-FIRING COURSE

Applicant Details

Title | Given Name(s) | Surname

Place of Birth (city and state) | Date of Birth | Mobile Phone

Residential Address | Suburb | Postcode

Postal Address (if different from above) | Suburb | Postcode

Email | Drivers Licence Number | State

Employer (Business Name)

Employer Address | Suburb | Postcode

Employers Email | Employer Phone Number

Manager/Supervisor Name | Manager/Supervisor Signature | Date

To validate a legitimate need for a permit a signature is **required**

Type of Shot-firing Licence Category - *(Tick each category of shot-firing you are applying for)*

- ☐ **Underground** - *(Category 1 tunnelling or underground/undersea mining)*
- ☐ **Surface** - *(Category 2 involved in above-ground quarrying, road construction and open-cut mining)*
- ☐ **Structural** - *(Category 3 building construction, building demolition, civil engineering)*
- ☐ **Pyrotechnical** - *(Category 4 firing fireworks in fireworks displays)*
- ☐ **Special Events** -*(Category 5 firing cannon/like ornance at tourism venues/historical re-enactments/musical/threatrical performances)*
- ☐ **Agrarian** - *(Category 6 land clearing or other agricultural or forestry operations)*
- ☐ **Exploratory** - *(Category 7 geological exploration or in seismological, paleontological or other scientific research or experimentation)*
- ☐ **Special Operations** - *(Category 8 shot-firing not covered by any other category)*

Provide a brief statement to explain why you need to undertake a shot-firing course and/or possess a shot-firing permit

Declaration by Applicant

I (full name) _____ declare I am mentally fit and I have not contravened or been convicted or found guilty of any offence under the *Explosives Act 2012 or Regulations 2022, Dangerous Goods (Road and Rail Transport) Act 2010 and Regulations 2021* or under any equivalent Work Health and Safety law in another State or Territory. I have not been convicted of a terrorism offence or an offence involving violence or weapons and I declare that the information contained in this application is true and correct and I agree to Worksafe Tasmania exchanging information between authorities of any State or Territory relevant to this permit application

Signature _____ Date _____

Personal Information Protection Statement

Personal information we collect from for that purpose and may be used for other purposes permitted by the *Explosives Regulations 2012* and associated laws. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information may be disclosed to contractors or agents of WorkSafe Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service.

Tasmanian Government

Consent Form

WorkSafe TASMANIA

Background Check / National Police Record Check / Politically Motivated Violence Check

Surname

Given Names

Date of Birth (DD/MM/YYYY)

State of Birth

Country of Birth

Previous or alternative names in full (including maiden name)

Residential addresses over the last ten years

If actual dates are unavailable, details of year of residence will suffice

Street (include number, name, type)	Suburb State Postcode	from	to

Statement of Consent and Indemnity / Declaration

I (full name) hereby certify that the details provided on this form are correct and I consent to a check of the records of Tasmania Police, other Australian police jurisdictions, Australian Federal Police and the Australian Security Intelligence Organisation (ASIO) for the purpose of conducting a security assessment.

I hereby indemnify the services of CrimTrac Agency, other police jurisdictions and the State of Tasmania, its servants or agents including all members of the Department of Police and Emergency Management, and AFP/ASIO against all actions, suits, proceedings, causes of action, costs, claims and demands whatsoever that may be brought or made against it or them by anybody or person be reason of, or arising out of, the release of police records recorded against my name or purporting to either relate to or concern me. I request the above release of criminal history records recorded against my name be provided to the regulator, WorkSafe Tasmania.

Signature

Date