Department of Justice
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

Application for an Asbestos Removalist Licence

Only a person who conducts a business or undertaking in w*hich asbestos removal work is carried out may apply for an asbestos removal licence*

Service Tasmania Use Only
Product Code 280
☐ Fee collected
☐ Application signed
☐ Identification sighted

☐ New Application ☐ Renewal Application

Licence Type:

☐ **Class A** (friable asbestos and asbestos-contaminated dust or debris)

☐ **Class B** (more than 10 square metres of non-friable asbestos or asbestos containing materials, asbestos contaminated dust or debris associated with the removal of more than 10 square metres of non-friable asbstos or asbestos containing materials

Details of applicant

Full legal name of organisation (for example sole trader, partnership or corporation)

Business/Trading names (if the licence applicant (above) is a trustee for a trust, include the name of the trust here)

The ABN or ACN must be attached to the legal name entered above (please note, a corporation must supply an ACN)

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

Principal business address (must be an Australian address and not a PO Box)

Unit number/ Street number/ Street name | Suburb/Locality | State | Postcode

Title | Surname | Given Names

Email Address | Phone

Postal address (must be an Australian address)

☐ postal address same as above Address

Address | Suburb/Locality | State | Postcode

Region of work will be conducted in: (This will be displayed on our website)

☐ North ☐ South ☐ East ☐ West ☐ Statewide

Additional Information

Has the applicant (or in the case of a corporate body, any officer of the corporate body) been found guilty of an offence under the *Work Health and Safety Act 2012* or *Work Health and Safety Regulation 2022* or under the work health and safety law of another state or territory or the Commonwealth? ☐ Yes ☐ No

If YES, give details

Has the applicant (or in the case of a corporate body, any officer of the corporate body) been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the *Environmental Protection Act 1994*? ☐ Yes ☐ No

If YES, give details

Has the applicant (or in the case of a corporate body, any officer of the corporate body) been disqualified from holding an equivalent licence by another state or territory or the Commonwealth work health and safety regulator? ☐ Yes ☐ No

If YES, give details

Has the applicant (or in the case of a corporate body, any officer of the corporate body) previously had an equivalent licence refused, suspended or cancelled under the *Work Health and Safety Act 2012* or *Work Health and Safety Regulation 2022* or under the Work Health and Safety law of another state or territory or the Commonwealth? ☐ Yes ☐ No

If YES, give details

Has the applicant (or in the case of a corporate body, any officer of the corporate body) entered into an enforceable undertaking under the *Work Health and Safety Act 2012 or the Work Health and Safety law of another state or territory or the Commonwealth?* ☐ Yes ☐ No

If YES, give details

Has the applicant (or in the case of a corporate body, any officer of the corporate body) previously held a similar licence under a corresponding Work Health and Safety law in respect of which a condition has been imposed? ☐ Yes ☐ No

If YES, give details

Nominated supervisor details

Title | Surname | Given Names

Residential address (must be an Australian address)

Unit number / Street number / Street name | Suburb/Locality | State | Postcode

Email Address | Phone | Date of Birth (DD/MM/YYYY)

Additional supervisor details (Please copy this section of this page if more supervisors are to be added)

Title | Surname | Given Names

Residential address (must be an Australian address)

Unit number / Street number / Street name | Suburb/Locality | State | Postcode

Email Address | Phone | Date of Birth (DD/MM/YYYY)

Title | Surname | Given Names

Residential address (must be an Australian address)

Unit number / Street number / Street name | Suburb/Locality | State | Postcode

Email Address | Phone | Date of Birth (DD/MM/YYYY)

Title | Surname | Given Names

Residential address (must be an Australian address)

Unit number / Street number / Street name | Suburb/Locality | State | Postcode

Email Address | Phone | Date of Birth (DD/MM/YYYY)

Personal information we collect from you will be used by the Director of Industry Safety for certification purposes and may be used for other purposes permitted by the *Work Health and Safety Act 2012* and associated laws. Failure to provide this information may result in your application being denied or records not being properly maintained. Your personal information may be disclosed to contractors and 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

Consent Form

Verification of qualifications

WorkSafe Tasmania will share a copy of your submitted certificates with your training provider in order to verify your qualifications. The training provider may require evidence that you have given consent for this disclosure. **By signing this consent, you grant WorkSafe Tasmania and the training providers to access and disclose your student records for the purpose of verification of your qualifications.**

Please confirm the following information:

Family Name/Surname

Given Names

Date of Birth

Unique Student Identifier No.

Name of Training Provider/s

Course Name/s to be verified

I, (full name

have read the above and grant consent to WorkSafe Tasmania to access my student record for the purpose of verification from the above mentioned training provider/s. I also consent to the training provider disclosing this information to WorkSafe Tasmania.

Signature:

Date:

Expires 30 June 2027

Declaration by applicant

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.

I _____ declare that:

- I have authority from the corporate body to complete and submit this application
- the applicant does not hold an equivalent licence granted by a corresponding regulator under a corresponding work health and safety law
- the information supplied in this application is true and correct to the best of my knowledge
- in making this application I have not failed to provide any material information relating to the matters addressed above
- I acknowledge that it is an offence under the *Work Health and Safety Act 2012* to provide false and misleading information in this application or in any documents submitted in support of this application
- each nominated supervisor is at least 18 years old
- I consent to WorkSafe Tasmania making enquiries and exchanging information with work health and safety regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.

I agree to the name of the licence holder and licence number being published by WorkSafe Tasmania

☐ Yes ☐ No

Signature _____ Date ☐☐☐☐☐☐☐☐

Checklist of documentation required

☐ A copy of the registration of business (trading) name issued by state/territory regulators (if applicable).

☐ A copy of the certificate of incorporation of the corporate body (corporate body applicants only).

Application for Class A licence

☐ Copy of the certification issued to each named supervisor for the specified VET accredited courses for
- Class A asbestos removal work; and
- Class B asbestos removal work; and
- asbestos removal supervision for asbestos removal work;

☐ Evidence that each named supervisor has at least three years of relevant industry experience; and

☐ Copy of identity documents for each named supervisor; and

☐ Evidence that applicant has a safety management system certified as being compliant with ISO45001 or equivalent safety management system.

☐ Certification may be made by a JAS-ANZ accredited conformity assessment body, RABQSA certified auditor

Application for Class B licence

☐ Copy of the certification issued to each named supervisor for the specified VET accredited courses for
- Class B asbestos removal work; and
- asbestos removal supervision for asbestos removal work;

☐ Evidence that each named supervisor has at least one year of relevant industry

☐ experience; and Copy of identity documents for each named supervisor.

In order for your application to be accepted, the form must be completed correctly, all supporting documentation must be provided and payment of the prescribed non-refundable application fee must be included. Failure to do so will delay the processing of your application.

Form guide - Application for asbestos removal licence for Class A or Class B

This guide is designed to assist you in completing the form 'Application for asbestos removal licence Class A or Class B', if you have further questions in relation to this material please contact WorkSafe Tasmania on 1300 366 322.This should be read in order to understand the obligations, responsibilities and rights under the Work Health and Safety Act 2012 and W*ork Health and Safety Regulations 2022* in relation to who can apply for an asbestos removal licence, the application process, as well as the work undertaken by an individual who holds an asbestos removal licence.

In order for WorkSafe Tasmania to accept your application, the form must be completed correctly, all supporting documentation must be provided and payment of the prescribed fee paid when submitting to Service Tasmania.

Details of applicant

Business information

You must enter the full legal name, business/trading name, ABN and ACN numbers for the business applying for the licence in the boxes provided. If the business applying for the licence is trustee for a trust please insert the name of the trustee in the `Full legal name of the organisation' box provided and the name of the trust in the `Business/Trading name/s' box provided.

Business address

* All written correspondence will be sent for the attention of the contact person provided.
* Provide the current business address details, by completing the unit and/or street number, street name, suburb, state and postcode fields in the boxes provided.
* The address provided must be a Tasmanian address and cannot be a PO Box. Suburb, state and postcode are mandatory fields and must be completed.
* Only provide the postal address details (at the end of the `Details of applicant' section) if the postal address is different to the business address, otherwise, cross the box and leave the remaining boxes blank.

Contact details

* Provide the current surname, title and given names of the person in the boxes provided
* The title, surname and first given names fields are mandatory and must be completed
* At least one contact telephone number and email must be provided

Additional information

Mark `No' or `Yes' to each question.
If `Yes' is marked for any of the questions in this section supply the details of the offence or exclusion as it applies to the business applying for the licence. Having a licence suspended or cancelled, or having a conviction does not automatically exclude the business from holding an asbestos removal licence. Each application will be assessed on the details provided. However you may be contacted to supply further information.

Nominated supervisor details

Contact details:

Provide the supervisor's current surname, title and given names in the boxes provided.
The title, surname and your first given name are mandatory fields and must be completed. The date of birth of the supervisor must be provided in order to assist WorkSafe Tasmania in identifying him/her. At least one contact telephone number must be provided, preferably a mobile phone number.

Address

Provide the current details of the supervisor's residential address, by completing the unit and/or street number, street name, suburb, state and postcode fields in the boxes provided. This must be a Tasmanian address and cannot be a PO Box. Only provide the postal address details if different to the residential address otherwise leave the remaining boxes blank

Additional supervisor/s details

If further supervisors are to be nominated complete this section as per the guide points above.
If the space provided is insufficient for the number of supervisors being nominated copy the blank supervisor's page as many times as necessary to accommodate the nominations.

Form guide - Application for asbestos removal licence for Class A or Class B - continued

Declaration by applicant

Before signing at this section, make sure each point is read and understood. The declaration must be signed by a duly authorised representative of the business applying for the licence. For a partnership or unincorporated association, each individual member of the legal entity must sign the declaration. Copy the declaration page as many times as is necessary to accommodate each member.

Checklist of documents required

* If the business applying for the licence has a registered business name, then a copy of the certificate of registration must be provided with the application.
* If the business applying for the licence is a corporate body then a copy of the certificate of incorporation must be provided with the application.

Checklist of additional documents required

Applicants for Class A

The business must provide evidence that they have in place a certified safety management system and that this system complies with ISO45001 or an equivalent safety management system which is provided by a JAS-ANZ accredited conformity assessment body or a RABQSA certified auditor.

JAS-ANZ is the government-appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and independence of these CABs. For further information please visit the JAS-ANZ web site at www.jas-anz.com.au.

RABQSA is an independent auditor and training certification body and is accredited to ISO/IEC 17024:2003-Requirements for Bodies operating the certification of persons, standard by the Joint Accreditation System of Australia and New Zealand (JAZ-ANZ). For further information please visit the RABQSA web site at www.rabqsa.com.

For each named supervisor you will need to provide a copy of the statement of attainment for successful completion of the specified vocational education and training (VET) course for Class A asbestos removal work and Class B asbestos removal work and asbestos removal supervision.

Applicants for Class B

For each named supervisor you will need to provide a copy of the statement of attainment for successful completion of the specified vocational education and training course for Class B asbestos removal work and asbestos removal supervision.