Application for Renewal of an Asbestos Removal Licence (Individual)

Work Health and Safety Regulation 2011

This form is to be used by an applicant who wishes to apply renewal of an individual asbestos removal licence under the Work Health and Safety Regulations 2011 (the Regulation). You can access the legislation and its regulation at www.legislation.act.gov.au. You may also obtain further information and forms at www.accesscanberra@act.gov.au.

All supporting documentation must:
- be originals or certified true copies of original documents where relevant; and
- be in English. If original documents are not in English, you must provide a certified copy of the original document and an official translation of the document.

Privacy Notice
The personal information on this form is provided to Access Canberra of the ACT Government to enable the processing of your application. If all or some of the personal information is not collected, Access Canberra cannot process your application. The personal information you provide may be disclosed to the other ACT Government Directorates, and third parties external to the ACT Government, as required by specific legislation administered by Access Canberra. The Information Privacy Policy Annex contains information in regard to what information Access Canberra collects and to whom it is disclosed. The policy also contains information about how you may access or seek to correct your personal information held by Access Canberra, and how you may complain about an alleged breach of the Territory Privacy Principles. The Information Privacy Policy can be found on the http://cmd.act.gov.au/legal/privacy_statement.

Important Information

To be eligible to renew an individual asbestos removal licence you must provide satisfactory evidence of your identity.

An asbestos removal licence takes effect on the day it is granted and, unless cancelled earlier, expires 5 years after that day.

You must provide three forms of identification with your application with at least one being a photographic identification from the list below:

- A Photographic Driver Licence issued in Australia (current or expired up to 2 years).
- Full Australian Birth Certificate (not a Commemorative Certificate or an extract). If the certificate is not in the name currently used appropriate linking documentation will be required.
- Australian Passport (current or expired up to 2 years).
- Overseas Passport (expired by up to 2 years if accompanied by a current Australian Visa).
- Australian Citizenship Certificate or Naturalisation Certificate.
- Department of Immigration and Citizenship travel document (valid up to 5 years after issue).
- Department of Immigration and Citizenship Certificate of Evidence of Resident Status.
- ACT Police Officer Photo-identity card.
- Australian Proof of Age Card (includes NSW Photo Card) with appropriate security features, showing date of issue by an Authority (current or expired up to 2 years).

All supporting documentation must be originals or certified true copies of original documents where relevant.
Section A – Individual Applicant Details

Title ___________________ Surname ____________________________________________
Given Names ____________________________________________________________ Date of Birth _____/____/____
Registered Business (Trading) Name (if applicable) ____________________________
ABN (if applicable) ______________________________________________________
Residential Address (must not be a PO Box) __________________________________
Suburb ______________________ State ______________________ Postcode _________
Postal Address ____________________________________________________________
Suburb ______________________ State ______________________ Postcode _________
Phone Number (Home) ______________________________ Fax __________________
Mobile Number _____________________ Email _______________________________

Please Note: If your residential address is outside the ACT, you may not be eligible to be licensed in the ACT. You will need to provide a separate statement outlining the reasons for applying for a licence in the ACT.

☐ I have attached a statement outlining the reasons for applying for a licence in the ACT.

I understand that should my licence be issued I must notify Access Canberra of any changes to my details within two weeks of the change.

☐ I understand

Section B – Type of licence

☐ Class A (Friable) asbestos removal
☐ Class B (Non-friable) asbestos removal

Section C – Class A (Friable) Asbestos Removal Licence

Certified Safety Management System

Class A (Friable) asbestos removal licence applicants are required to submit with their applications evidence that a certified safety management system is in place that complies with AS 4801: 2001 (Occupational health and safety management systems) or an equivalent system determined by the regulator.

☐ I have attached evidence that I have the required certified safety management system in place.
Section D – Licence History Declarations

1. Do you hold an equivalent licence granted under a corresponding WHS law?
   - Yes – please provide a copy of the licence as an attachment to this application.
   - No

2. Have you ever been convicted or found guilty of an offence under the Work Health and Safety Act 2011, the Work Health and Safety Regulation 2011, the Construction Occupations (Licensing) Act 2004 or under a workplace health and safety law of another state, territory or the Commonwealth?
   - Yes – please provide comprehensive details in an attachment to this application.
   - No

3. Have you ever been convicted or found guilty of any offence in relation to the unlawful disposal of hazardous waste under the Environment Protection Act 1997 or the Dangerous Goods (Road Transport) Act 2009?
   - Yes – please provide comprehensive details in an attachment to this application.
   - No

4. Have you ever entered into an enforceable undertaking under the Work Health and Safety Act 2011 or under a workplace health and safety law of another state, territory or the Commonwealth?
   - Yes – please provide comprehensive details in an attachment to this application.
   - No

5. Have you ever been previously refused an equivalent licence under the workplace health and safety law of another state, territory or the Commonwealth?
   - Yes – please provide comprehensive details in an attachment to this application.
   - No

6. Were there any conditions on the licence if granted?
   - Yes – please provide comprehensive details in an attachment to this application.
   - No

7. Has the licence, if granted, ever been suspended, cancelled or was the licence holder disqualified from holding a licence?
   - Yes – please provide comprehensive details in an attachment to this application.
   - No
Section E – Declaration by Applicant

I, ____________________________,

Insert name, position, address and occupation of person making the declaration

make the following declaration:

1. I declare:
   
a) that I make this application to the Regulator for an asbestos removal licence and that all statements, and the documents/information provided in support of the application, are accurate, true and correct.

2. I authorise and consent:
   
a) I consent to Access Canberra 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.

b) to receiving information from Access Canberra relevant to my asbestos removal licence or the asbestos industry electronically.

c) To my license details being published on the Access Canberra website.

3. I acknowledge:
   
a) that the Regulator and Access Canberra may validate documents provided in support of this application or wish to confirm my identity.

b) that failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

c) that the Regulator has the legal right to refuse my application if not satisfied that I am eligible to hold a licence or impose a condition on my licence if it is deemed necessary or desirable to protect the public.

4. I undertake:
   
a) to comply with all relevant legislation, codes of practice, Australian standards and guidelines relevant to my asbestos removal licence when providing, or offering to provide, licensed asbestos removal work.

5. I believe that the statements (1 - 4) in this declaration are true.

Signature of Applicant: ___________________________________________

Date: _____ / _____ / _____
Section F – Lodgement and Contact Information

Access Canberra Environment Planning and Land Shopfront
In person: 16 Challis Street, Dickson ACT 2602
Business Hours: 8:30am to 4:30pm weekdays (excluding Public Holidays)
Post: GPO Box 158, Canberra City ACT 2601
Email: cwpl@act.gov.au
Phone: (02) 6207 8096

Section G – Payment Details

When completing a paper application you will be provided with a notice of decision in relation to your application. If your application is approved, you will receive a renewal offer where the licence term fee will be payable prior to the issue of the licence.

Licence application and term fees may be found at the Access Canberra Website.