



TAX INVOICE

APPLICATION FOR REPLACEMENT LICENCE

**ACCREDITED ASSESSOR
ASBESTOS ASSESSOR**

*Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)*

SafeWork SA
Licensing Unit
GPO Box 465, Adelaide SA 5001
Level 4, World Park A
33 Richmond Road
Keswick SA 5035
Ph: 1300 365 255
ABN: 50 560 588 327
www.safework.sa.gov.au

Use this form only if you need to replace your licence because it has been lost, stolen or destroyed

1. REPLACEMENT REASON

What replacement licence to you require, please tick applicable box:

ACCREDITED ASSESSOR **ASBESTOS ASSESSOR**

Licence No

What is your reason for a replacement licence, please tick applicable box:

A) LICENCE LOST **B) LICENCE STOLEN** **C) LICENCE DESTROYED**

Please provide details of how the licence was lost, stolen or destroyed:

2. APPLICANT DETAILS

Please print your name exactly as it appears on your original/current licence card

Family Name

Given Name(s)

Title

Date of Birth

Residential Address

Postcode

Postal address (if different from above)

Postcode

Telephone

Mobile

Email Address

4. SUPPORTING DOCUMENTATION

Please tick box to confirm you have attached the relevant documentation:

- One passport size photograph taken within the last 6 months
 Copy of current driver's licence clearly showing facial features

5. DECLARATION

I hereby apply for a replacement licence because my original licence was lost, stolen or destroyed. I understand that if I locate my original licence, I must destroy it immediately, as it is an offence to carry more than one licence for the same type of authorisation.

I declare that to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.

Name of Applicant

Signature of Applicant

Date

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TAX INVOICE - PAYMENT INFORMATION
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6. PAYMENT OPTIONS

Applicant Name

APPLICATION FEE DUE: **\$123.00** (Fee current to 30 June 2021)
This fee is exempt from GST under Division 81 of the New Tax System (Goods and Services Tax) Act 1999

APPLY BY POST:

Accepted payment types

1- VISA or MasterCard
(provide cardholder and credit card information below)

2- Cheque or money order
(made out to SafeWork SA)

Send all documents to

Licensing Unit
SafeWork SA
GPO Box 465
ADELAIDE SA 5001

SafeWork SA does not accept payment by cash

APPLY BY EMAIL:

Accepted payment types

1- VISA or MasterCard
(please provide only cardholder information below)

NOTE: Credit card information must not be sent electronically

Send all documents to

licensing.safework@sa.gov.au
Total file size must be less than 20MB

CARDHOLDER INFORMATION

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment (if different to Card Holder name)

Contact telephone number

Date

Postal or email address for payer (receipts will be sent to this address)

CREDIT CARD INFORMATION

IMPORTANT

SafeWork SA is unable to accept credit card details via email or fax. Applications received electronically with credit card information will be automatically deleted.

I authorise SafeWork SA to deduct the amount of \$

Card type:

Mastercard

Visa

Card number:

Expiry date:

/

CVV Number (back of card):