

For help completing this application, please refer to the Guide for Applicants, available at www.safework.sa.gov.au.

1. APPLICANT DETAILS

Name of the individual applicant:

Family name	Given name(s)	Title	M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>

Address details

Suburb/town	State/territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different from above)

Telephone	Mobile	Facsimile (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

2. BUSINESS FOR WHOM THE APPLICANT WORKS (IF APPLICABLE)

Australian Business Number (ABN)	Australian Company Number (ACN)	SWSA Client Number (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business registration (trading) name

Your Licensing details will be included on the SafeWork SA website register under this business name.

3. ADDITIONAL INFORMATION

Has the applicant been found guilty of an offence under the *Work Health and Safety (WHS) Act 2012 (SA)* or under the *Work Health and Safety Regulations 2012 (SA)* or under the WHS law of another state or territory or the Commonwealth?

No Yes - please provide details:

Has the applicant been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the *Environment Protection Act 1993 (SA)* or under the *Environment Protection Regulations 2009 (SA)* or under environmental laws of another state or territory or the Commonwealth?

No Yes - please provide details:

Does the applicant hold an equivalent licence under a corresponding WHS law?

No Yes - please provide details:

Has the applicant previously had an equivalent licence refused, suspended or cancelled under the *Work Health and Safety Act 2012 (SA)* or under the *Work Health and Safety Regulations 2012 (SA)* or under the WHS law of another state or territory or the Commonwealth?

No Yes - please provide details:

Has the applicant been disqualified from holding an equivalent licence by another state or territory or the Commonwealth WHS regulator?

No Yes - please provide details:

Has the applicant entered into an enforceable undertaking under the *Work Health and Safety Act 2012 (SA)* or the WHS law of another state or territory or the Commonwealth?

No Yes - please provide details:

4. SUPPORTING DOCUMENTATION

You must attach the following documents (please tick to confirm you have attached):

- Copy of the document **showing successful completion of the specified VET course 'Conduct Asbestos Assessment associated with Removal'** for an asbestos assessor or documentation showing completion of a tertiary qualification in occupational health and safety or industrial hygiene or science or building construction or environmental health.
- Description of the work undertaken over the proceeding **two year period** in supervising or undertaking asbestos assessor work. Include the names and contact telephone numbers of referees.
- Two identical colour passport photos that were taken within six months of the date of the application
- A copy of both sides of the applicant's current drivers licence, which clearly shows the facial features of the applicant and must show the applicant's current address which matches that on the application

5. DECLARATION

IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your application.

I declare that:

- I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with any individuals or non-government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- 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



TAX INVOICE - PAYMENT INFORMATION

APPLICATION FOR AN ASBESTOS ASSESSOR LICENCE

*Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)
Regulation 489 'Requirement to hold asbestos assessor licence'*

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

6. PAYMENT OPTIONS

Applicant Name

APPLICATION FEE DUE: \$2202.00 per item (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:

FOR EMAIL OR FAX APPLICATIONS DO NOT INCLUDE CREDIT CARD INFORMATION

Expiry date:

/

CVV Number (back of card):