



TAX INVOICE

SafeWork SA

APPLICATION FOR REPLACEMENT LICENCE

ITEM OF PLANT AND PLANT DESIGN REGISTRATION

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

Enquiries 1300 365 255
Internet safework.sa.gov.au
Email licensing.safework@sa.gov.au
Post GPO Box 465, Adelaide SA 5001
ABN 50 560 588 327

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

1. APPLICANT DETAILS

Form fields for Applicant Details including Family Name, Given Name(s), Date of Birth, Name of Business Entity, Trading Name, Australian Business Number (ABN), Australian Company Name (ACN), Vehicle Location Address, Postcode, Old Address, New or Current Address, Postal Address, Name of Contact Person, Position Title, Telephone, Mobile, and Email Address.

2. LICENCE DETAILS

Text: 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:

Text: Are you the registered owner of the item of plant?
[] Yes [] No

Text: [] If 'No' please attach a letter of authorisation from the owner of the item of plant (please tick box if attached)

Form fields for Licence Details including Type of Plant and Other Identifying Information, Manufacturer, Model Number, Serial Number, and Registration or Design Number.

3. DECLARATION

IMPORTANT INFORMATION: Section 268 of the Work Health & Safety Act 2012 (SA) states: *Offence to give false or misleading information (1) A person must not give information in complying with this Act that the person knows (a) to be false or misleading in a material particular; or (b) omits any matter or thing without which the information is misleading. Maximum penalty: (a) in the case of an individual - \$10,000 (b) in the case of a body corporate - \$50,000*

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



TAX INVOICE - PAYMENT INFORMATION

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4. PAYMENT OPTIONS

Applicant Name

APPLICATION FEE DUE: \$125.00 (Fee current to 30 June 2022)

This fee is exempt from GST

APPLY BY EMAIL:

Accepted payment type

1 - VISA or MasterCard
(provide cardholder information below)

NOTE: Once your application has been assessed, SafeWork SA will contact you for payment.

Send all documents to
licensing.safework@sa.gov.au
(Total file size must be less than 20MB)

APPLY BY POST:

Accepted payment types

1 - VISA or MasterCard
(provide cardholder information below)

Send all documents to
SafeWork SA
Licensing Unit
GPO Box 465
ADELAIDE SA 5001

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)

I authorise SafeWork SA to deduct the amount of \$

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.