



APPLICATION TO REGISTER FOR ONLINE DEMOLITION NOTIFICATIONS

SafeWork SA
Prevention Team
GPO Box 465, Adelaide SA 5001
Level 4, World Park A
33 Richmond Road
Keswick SA 5035
Help Centre: 1300 365 255
ABN: 50 560 588 327

1. Applicant details (PCBU)

Australian Business Number (ABN)	Australian Company Number (ACN)	SWSA Client No (if known)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registered name of body corporate (if applicable)				
<input type="text"/>				
Business registration (trading) name (if applicable)				
<input type="text"/>				
Address details				
<input type="text"/>				
Suburb/town		State/territory	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal address (if different from above)				
<input type="text"/>				
Telephone	Mobile	Facsimile (optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Details of the individual responsible for submitting Demolition Notifications on behalf of the PCBU:				
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"/>
Email address				
<input type="text"/>				

2. Are you registered for another type of Online Notification?

NO **YES** - please provide your current username

3. Existing building licence

Does the applicant hold a current building licence ?

NO **YES** - please provide:

Type of licence	Issuing State/territory
<input type="text"/>	Licence number
<input type="text"/>	<input type="text"/>

4. 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.
- I have the authority from the body corporate to complete and submit this application (body corporate applicants)

<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>
Name of applicant	Signature of applicant	Date

5. What's Next

Post your completed form to SafeWork SA (address details at top of form) or email to SWSAConstruction@sa.gov.au.
 SafeWork SA will email you with login details along with a link to the notifications portal. You may register for more than one type of notification.
 No Fee applicable. Please contact the SafeWork SA Help Centre on 1300 365 255 with any queries.
 All Online Notifications are reviewed by SafeWork SA Officers.

Office Use Only

Online Portal Username:	<input type="text"/>	Date Issued:	<input type="text"/>
Online Portal Password:	<input type="text"/>	Issued by:	<input type="text"/>