

Application to register for online demolition notifications



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

Applicant details (PCBU)

Business name: ABN / ACN:
Trading name: SafeWork SA client number (if known):
Contact person:
Contact phone: Email:

Business address

Street:
Suburb: State: Postcode:

Postal address (if different from above)

Street /PO Box:
Suburb: State: Postcode:

Name of the individual responsible for submitting Demolition Notifications on behalf of the PCBU

Title: Family name: Given name(s):
Date of birth:
Contact phone: Email:

Are you registered for another type of online notification?

Yes No

If yes, please provide your username

Existing building licence

Yes No

If yes, please provide:

Issuing state/territory: Type of licence: Licence number:

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Declaration

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

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 declare that I have the authority from the body corporate to complete and submit this application (body corporate applicants)

I have read and agree to the declarations detailed above.

Name of applicant:

Signature:

Date:

Send your completed form to:

Email: SWSAConstruction@sa.gov.au

Post:

SafeWork SA
Construction Team
GPO Box 465
ADELAIDE SA 5001

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 is applicable to this application.

Please contact the SafeWork SA Help Centre on 1300 365 255 with any queries.

Office use only

Online portal username:

Date issued:

Online portal password:

Issued by: