

APPLICATION FORM - S03

**APPLICATION FOR NEW, RENEWAL
OR ADDITIONAL
RESPONSIBLE WORKER/S**

**UNDER AN EXISTING SECURITY-SENSITIVE DANGEROUS
SUBSTANCES PERMIT**

IN ACCORDANCE WITH PART 2
OF THE
SECURITY- SENSITIVE DANGEROUS SUBSTANCES ACT 2005

Service Tasmania - Product Code: 310

**PLEASE FORWARD COMPLETED APPLICATION FORM,
CONSENT FORMS AND FEE TO ANY SERVICE TASMANIA SHOP.**

FOR ANY ASSISTANCE OR ENQUIRIES CONTACT:

WORKPLACE STANDARDS TASMANIA, PO BOX 56 ROSNY PARK TAS 7018

OR

Phone: 1300 366 322 (Inside Tasmania) or (03) 6233 7657 (Outside Tasmania)

Fax: (03) 6233 8338

Email: wstinfo@justice.tas.gov.au Web: www.wst.tas.gov.au

PERSONAL INFORMATION PROTECTION STATEMENT

Personal information we collect from you for Permit and Identity Card processes will be used by Workplace Standards Tasmania for that purpose and may be used for other purposes permitted by the *Security-sensitive Dangerous Substances Act 2005* and associated laws. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information may be disclosed to contractors or agents of Workplace Standards Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service.

GUIDANCE NOTES FOR TERMS USED IN THIS APPLICATION FORM

Please read these notes before completing the *Application Form for Additional Responsible Workers (under an existing Security-sensitive Dangerous Substances Permit)*.

Consent Forms	Forms completed by the permit applicant or persons nominated to be “responsible workers” giving authority to access and review any police records or security information to enable background checking by Workplace Standards Tasmania, other state and territory Police jurisdictions, Australian Federal Police and ASIO.
Director	Means the Director of Industry Safety appointed under section 33 of the Workplace Health and Safety Act 1995
Identity Card	Identification card issued to a “Responsible Worker”
Nominated Person (Security Manger)	A person given the responsibility by the SSDS Permit Holder to implement and maintain the Security Plan (SO2).
Permit Holder	An individual or entity, which has been issued with a Security-sensitive Dangerous Substances Permit in accordance with the Security-sensitive Dangerous Substances Act 2005.
Responsible Worker	For an SSDS permit, means a person who, besides the holder of the permit, is authorised by the permit to have either or both of the following: (a) Independent and unsupervised access to the authorised SSDS; (b) Independent and unsupervised carriage of the authorised and restricted activity.
Restricted Activity	“Restricted Activity”, in relation to an SSDS, means – (a) Manufacturing, importing, exporting, buying, selling, supplying, storing, using or disposing of any quantity of the SSDS; or (b) Transporting more than 20 kilograms of the SSDS; or (c) A prescribed activity carried out in relation to the SSDS
SSAN	Security-sensitive Ammonium Nitrate, as defined in Part 2 of Schedule 1 of the Security-sensitive Dangerous Substances Act 2005.
SSE	Means Security Sensitive Explosives as defined in part 2 of schedule 1 of the Security-sensitive Dangerous Substances Act 2005.
SSDS	Security-sensitive Dangerous Substances, any substance specified in Part 2 of Schedule 1 of the Security-sensitive Dangerous Substances Act 2005.
SSDS Permit	Permit issued by the Director to an individual or organisation that is in possession of and undertake activities involving substances identified as ‘Security-Sensitive Dangerous Substances’. Long-term permits are issued for a maximum of 3 years. Short-term permits may be issued for periods of up to 12 months.

APPLICATION FORM - S03

FOR NEW, RENEWAL OR ADDITIONAL RESPONSIBLE WORKER/S UNDER AN EXISTING SECURITY-SENSITIVE DANGEROUS SUBSTANCES PERMIT

IN ACCORDANCE WITH PART 2 OF THE SECURITY- SENSITIVE DANGEROUS SUBSTANCES ACT 2005

Note: Please read the guidance notes on page 2 for explanation of terms before completing this application form. For your own records, a copy of this application form should be inserted into your Security Plan.

Please complete in **BLOCK** letters

1. Please indicate your existing SSDS Permit Number:

2. PERMIT HOLDER DETAILS:

Name of Company/Institution	
Full Name of Applicant	
ACN	
ABN	
Business Address	
Postal Address	
Company Email	
Company telephone number	
Company fax number	

3. NAME OF PERSON RESPONSIBLE FOR IMPLEMENTING AND MAINTAINING YOUR 'SECURITY PLAN' ('NOMINATED PERSON' OR 'SECURITY MANAGER'):

Name	
Position	
Mobile telephone number	
Email	

4. TYPE OF SSDS HANDLED:

Security Sensitive Ammonium Nitrate (SSAN)

Security Sensitive Explosives (SSE)

5. NAME OF RESPONSIBLE WORKER(S) TO WORK UNDER SSDS PERMIT:

Name	
Position/Occupation	
Address	
Telephone Number	
Mobile Telephone Number	
Fax Number	
Email	

Name	
Position/Occupation	
Address	
Telephone Number	
Mobile Telephone Number	
Fax Number	
Email	

6. PLEASE SPECIFY THE AUTHORISED ACTIVITY THE NOMINEE WILL BE REQUIRED TO CARRY OUT OR SUPERVISE

BUSINESS ACTIVITY

Importing	<input type="checkbox"/>	Buying	<input type="checkbox"/>
Exporting	<input type="checkbox"/>	Selling/Supplying	<input type="checkbox"/>
Transporting	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>
Storing	<input type="checkbox"/>	Using/Disposing	<input type="checkbox"/>

I certify that the information contained in this application is true and correct.

Name _____ Position _____
 Signature _____ Date _____

PERSONNEL MANAGEMENT

List of ‘Responsible Workers – new nominations’ whose identity must be checked if they are to have unsupervised access to SSAN or SSE.

“Unsupervised Access” means: access to SSAN/SSE when no other person with authorised access is present or has control over the SSAN/SSE.

These people will be required to have Police and PMV checks, and should not be given unsupervised access to SSAN/SSE until these checks are completed and the person cleared by WST.

IDENTIFICATION CHECKLIST

No.	NAMES		D.O.B	POSITION HELD IN COMPANY	DOCUMENTS SIGHTED TO VERIFY IDENTIFICATION								ID. Points Must total at least 100 pts			
	FAMILY NAME	GIVEN NAMES			70	70	70	40	40	35	25	25		25	25	
					At least one of the 3 documents below <u>must</u> be sighted											
					Passport	Full Birth Certificate	Citizenship Certificate	An Australian Government Issued ID Card (issued for financial benefit)	Driver's licence (must contain photo and signature)	Bank Mortgage records over property	Current Credit or ATM Card	Medicare Card	Key Pass Photo Identification Card	Shopping Store Card	Current Utility Account (i.e.: local council Rates/Gas/Electricity)	
E.g.	DOE	JANE	9/01/65	RW - DRIVER		✓			✓							110
1																
2																
3																
4																
5																



**CONSENT FORM – BACKGROUND CHECK
TASMANIA AND NATIONAL POLICE RECORD
POLITICALLY MOTIVATED VIOLENCE CHECK**

Counter Terrorism Unit and Dangerous Substances Unit

Please complete in BLOCK letters

APPLICANT DETAILS

Family Name _____ Given Names _____ Male

Previous or alternative names (includes maiden name): _____

Family Name _____ Given Names _____ Female

Current residential address _____ Postcode _____

Date of Birth _____ Place of Birth (suburb & state) _____ Phone number _____

Driver Licence Number _____

Permanent Residential Addresses Over Last Ten Years

If full details of previous addresses are unavailable details of town(s) and state(s) will suffice. <i>Attach list if insufficient room.</i>	If actual dates are unavailable, details of year of residence will suffice
	Period of residence
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /

TYPE OF RECORD/CHECK (Full record required)

National Police Record Check (NPC) Tasmania Police Record Check	<input checked="" type="checkbox"/>	Politically Motivated Violence Check (PMV) AFP/ASIO	<input checked="" type="checkbox"/>
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TYPE OF POSITION

<input type="checkbox"/> Permit Holder	<input type="checkbox"/> Responsible Worker	<input type="checkbox"/> Close Associate	<input type="checkbox"/> Shot-firer
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Are you the subject of any traffic violation, criminal or traffic charge(s) still pending before a Court? Yes No

STATEMENT OF CONSENT AND INDEMNITY

I hereby certify that the details provided on this form are correct and I consent to a check of the records of Tasmania Police, other Australian police jurisdictions, Australian Federal Police and the Australian Security Intelligence Organisation (ASIO) for the purpose of conducting a security assessment. I hereby indemnify the services of CrimTrac Agency, other police jurisdictions and the State of Tasmania, its servants or agents including all members of the Department of Police and Emergency Management, and AFP/ASIO against all actions, suits, proceedings, causes of action, costs, claims and demands whatsoever that may be brought or made against it or them by anybody or person by reason of, or arising out of, the release of police records recorded against my name or purporting to either relate to or concern me. I request the above release of criminal history records recorded against my name be provided to the Director of Industry Safety, Workplace Standards Tasmania.

Signature of Applicant _____ Printed Name of Applicant _____

Date _____

Important Note: This page contains Confidential Information.

Applicants must take care to ensure this page is sealed to prevent unauthorised viewing

STATUTORY DECLARATION

The applicant (if a natural person/sole trader) including all persons nominated as “Responsible Workers” or shot-firers must answer the questions on this page. Failure to make full disclosure may result in the application being delayed.

Question 1. Have you been convicted, or are you the subject of any matter under investigation, or pending a hearing:

- a) of any criminal or police related offences under International, Federal, Australian State or Territory Statute?
- b) of any offences under any occupational health and safety, explosives or dangerous goods legislation?

NO **YES** If yes, please provide details

Question 2. Have you either:

- a) been refused an authority, permit or licence to undertake an activity with a dangerous substance in any Australian State or Territory; or
- b) had any authority, permit or licence cancelled or suspended by another State or Territory regulatory authority?

NO **YES** If yes, please provide details

Question 3. Have you:

- a) even been treated for a psychiatric illness; or **NO** **YES**
- b) are you currently receiving any medical treatment or taking any medication for a psychiatric illness? **NO** **YES**

I, the undersigned, do solemnly and sincerely declare that the information contained in this application form is true and correct.

And I make this solemn declaration under the Oaths Act 2001.

Signature of Applicant: _____

Declared at: _____
(place)

on: _____
(date)

Before me: _____
(Justice of the Peace/Commissioner for Declarations/or Authorised Person)
(I have sighted documents to verify the identity of this person named in the application)

NOTE: Previous page must also be signed by the applicant.