

# APPLICATION FORM - S03

**Service Tasmania - Product Code: 310**

## APPLICATION FOR 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***

**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 Worker/s (under an existing Security-sensitive Dangerous Substances Permit)***.

<b>Consent Forms</b>	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.
<b>Director</b>	Means the Director of Industry Safety appointed under section 33 of the <i>Workplace Health and Safety Act 1995</i>
<b>Identity Card</b>	Identification card issued to a “Responsible Worker”
<b>Nominated Person (Security Manager)</b>	A person given the responsibility by the SSDS Permit Holder to implement and maintain the Security Plan (SO2).
<b>Permit holder</b>	An individual or entity, which has been issued with a Security-sensitive Dangerous Substances Permit in accordance with the <i>Security-sensitive Dangerous Substances Act 2005</i> .
<b>Responsible Worker</b>	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.
<b>Restricted Activity</b>	“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
<b>SSAN</b>	Security-sensitive Ammonium Nitrate, as defined in Part 2 of Schedule 1 of the <i>Security-sensitive Dangerous Substances Act 2005</i> .
<b>SSDS</b>	Security-sensitive Dangerous Substances, any substance specified in Part 2 of Schedule 1 of the <i>Security-sensitive Dangerous Substances Act 2005</i> .
<b>SSDS Permit</b>	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 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**

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

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

Name	
Position	
Telephone number	
Mobile telephone number	
Fax number	
Email	

**4. NAME OF ADDITIONAL 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	

**5. 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** .....

**CALCULATOR TO DETERMINE FEE FOR  
BACKGROUND CHECKING AND  
RESPONSIBLE WORKER IDENTIFICATION CARD**

**FEES**

The total fees are calculated by adding the sum of the costs for background character checking and the production of identity cards for each new/additional employee working under the existing SSDS Permit i.e.:

**Background Security Checking:                   \$55.86 (per person)**  
**Identity Card   \$10.64 (per person)**

**Example:**

**Costs for background character checking and the production of identity cards for 3 new/additional “Responsible Workers” would be:**

<b>3 x Background Security Checks</b>	<b>\$55.86</b>	<b>\$167.58</b>
<b>3 x Identity Cards</b>	<b>\$10.64</b>	<b>\$ 31.92</b>
	<b>Total</b>	<b>\$199.50</b>

**IMPORTANT NOTE:**

Fees may vary and should be verified by contacting, Workplace Standards Tasmania on 1300 366 322 or (03) 6233 7657 (outside Tasmania).

**APPLICANT’S CHECKLIST**



**S03 Application Form Completed**

**Attachment ‘A’ in Security Plan (S02) amended and forward copy to SSDS Unit**

**Copy of completed S03 & S02 Forms retained by Applicant**

**PMV & NPC consent forms attached for:  
-All “Responsible Workers – new nominations”**

**Correct fee calculated (check with WST if in doubt)**

**Ensure a copy of receipt from Service Tasmania Shop is enclosed with all documentation.**

**Ensure all documentation to be sent to WST is in sealed packaging**

**Note:**

**Due to confidential information contained within this documentation, Permit Applicants have a duty to ensure the packaging sent to WST is completely secure.**

# PERSONNEL MANAGEMENT

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

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

These people will be required to have Police and PMV checks, and should not be given unsupervised access to SSAN 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		
					70	70	70	40	40	35	25	25	25	25		25	
					At least one of the 3 documents below <u>must</u> be sighted			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)	
	FAMILY NAME	GIVEN NAMES		Passport	Full Birth Certificate	Citizenship Certificate											
E.g.	DOE	JANE	9/01/65	RW - DRIVER		✓			✓								110
1																	
2																	
3																	
4																	
5																	



**CONSENT TO CHECK AND RELEASE  
TASMANIA AND NATIONAL POLICE RECORD  
POLITICALLY MOTIVATED VIOLENCE CHECK**

**State Security Unit and Security-Sensitive Dangerous Substances Unit**

Please complete in **BLOCK** letters

**APPLICANT DETAILS**

**S05**

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 \_\_\_\_\_ Telephone Number \_\_\_\_\_

Driver Licence Number \_\_\_\_\_

**Permanent Residential Address 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)**

<b>National Police Record Check (NPC) Tasmania Police Record Check</b>	<input checked="" type="checkbox"/>	<b>Politically Motivated Violence Check (PMV) AFP/ASIO</b>	<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 Public Safety, 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 \_\_\_\_\_



### 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

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**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

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**Question 3.** Have you:

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

**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)**