

Acknowledgement of Notification of Asbestos Removal Work (AR3)

ISSUED TO LICENCE HOLDER:

REG. NO.

WORKSITE ADDRESS:

TYPE OF WORK TO BE UNDERTAKEN

**ALL WORK MUST BE CARRIED OUT IN ACCORDANCE WITH THE
WORKPLACE HEALTH AND SAFETY ACT AND RELEVANT REGULATIONS,
THE CODE OF PRACTICE FOR THE SAFE REMOVAL OF ASBESTOS
(NOHSC: 2002-2005) AND GUIDANCE NOTES.**

ADDITIONAL WORK PROCEDURES REQUIRED:

DATE:

WST INSPECTOR: