

SERVICE TASMANIA OFFICE USE ONLY:

Product Code: 280
Fee collected
Licence Class (A or B) specified
Sections 1-9 of form completed
Evidence of relevant training course attached
Declaration signed and witnessed



Application for Licensing as an Asbestos Removalist (ARL01)

I hereby apply for (tick one box only)

NEW APPLICATION

LICENCE RENEWAL

Class A Licence	Any asbestos removal work	LICENCE FEE to be payed on completion of assessment	
Class B Licence	Only asbestos-cement and similar non friable products removal work	LICENCE FEE to be payed on completion of assessment	

1. PERSONAL DETAILS

Family Name

Given Names

Home Address

.....Postcode.....Telephone.....

2. BUSINESS DETAILS

Name of Registered Business

Trading Name (if different)

Name of Responsible Officer

(if different from applicant)

Australian Company Number (ACN)

(if applicable)

Previous Licence Number

(if renewal)

Business Address

.....Postcode.....

Postal Address

.....Postcode.....

Telephone Number (Business) (After Hours)

Business Fax Number E-mail

Personal information we collect from you will be used by the Director of Industry Safety for certification purposes and may be used for other purposes permitted by the *Workplace Health and Safety Act 1995* and associated laws. Failure to provide this information may result in your application being denied or records not being properly maintained. Your personal information may be disclosed to contractors and agents of Workplace Standards, 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

3. INSURANCE

Worker's Compensation Insurance (please provide evidence of Policy)

Name of Insurance Company Policy Holder's Name Policy No. Expiry Date

4. QUALITY MANAGEMENT SYSTEM

To be completed by Class A applicants ONLY

(Continue on a separate sheet if necessary)

Do you have a Quality Management System in place? YES NO

If YES, give details.....
.....

If NO, are you considering gaining accreditation? YES NO

5. DIRECTORS

(Continue on a separate sheet if necessary)

Family Name Given Name(s)

Address
..... Postcode

Date of birth Place of birth

Family Name Given Name(s)

Address
..... Postcode

Date of birth Place of birth

6. RELEVANT INFORMATION

(Continue on a separate sheet if necessary)

Have you, or a Director of the Company been convicted under the *Workplace Health and Safety Act 1995*, its associated legislation or any other occupational health and safety legislation in the 10 years preceding this application? YES NO

If YES, give details

Have you or a Director of the Company ever had a previous application for an Asbestos removalist's licence (or registration) refused, suspended or cancelled? YES NO

If YES, give details

7. PERSONAL PROTECTIVE EQUIPMENT & REMOVAL EQUIPMENT OWNED OR ACCESSIBLE

(Continue on a separate sheet if necessary)

Respirators & Filters

Type Brand Model/Class

.....
.....

Protective clothing

Type Brand

.....
.....

Removal equipment (indicate type, brand, age)

.....
.....

Do you have records of inspections performed on this equipment to ensure compliance with standards?

YES NO

8. WORK EXPERIENCE

Have you ever been an employee of an asbestos removalist? YES NO

If YES,

Name of employer

Period of employment

Details of work performed

.....

.....

For asbestos removalists renewing a licence only, give details of your last two asbestos removal jobs:

	JOB 1	JOB 2
Period of job	__/__/__ to __/__/__	__/__/__ to __/__/__
Site Address

Provide estimate of quantity of contaminated material(s) removed		
Insulation-sprayed limpet
Pipe lagging
Ceiling tiles
Floor/wall tiles
Felt/woven materials
Fire doors
Other
A/C Sheeting
- flat
- corrugated
- moulded products

9. QUALIFICATIONS/TRAINING

-please provide details of your qualifications/training - refer regulation 121(3) (c), and
 -details of qualifications/training all other personnel engaged in asbestos removal work - refer regulation 121(3) (e)

Course/s completed Completed by (name/job title) Conducted by Date Completed

.....

Note: If insufficient space, continue on a separate sheet.
 Applicants must submit a copy of all qualifications achieved and certificates obtained.

DECLARATION

I,
(Print your full name)

of
(Residential Address)

do hereby solemnly and sincerely declare I have read and understood the requirements for a licensed Asbestos Removalist as required under the **Workplace Health and Safety Regulations 1998** and the relevant codes and standards. I confirm that:

- 1. I suffer from no impediment, ailment or dependence on any drug that may hinder or obstruct in any way my capacity to perform safely the removal of asbestos or asbestos-containing materials;
- 2. I have qualifications and experience meeting the requirements of the Regulations;
- 3. I am capable of making an assessment of the condition of asbestos or asbestos-containing materials in accordance with the approved code of practice;
- 4. I am capable of supervising and providing training for any person I may employ to perform asbestos removal work;

all which matters I conscientiously believe to be true.

..... (Signature of Applicant)

Declared at....., thisday of..... 20....

Before me,..... (Signature of Witness)

Name of Witness

PAYMENT OF APPLICATION

To lodge your application, take it in person to your nearest Service Tasmania Outlet

PAYMENT OF FEE

Initial Licence

A fee of \$219.81 is payable for assessing the application.

Licence Renewal

A fee of \$714.46 for renewal of an A Class Removalist Licence

A fee of \$439.67 for renewal of a B Class Removalist Licence

For more information, contact
Workplace Standards Tasmania

Helpline

1300 366 322 (inside Tasmania) (03) 6233 7657 (outside Tasmania)

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