

Form 100

# Application for renewal of asbestos removal licence for Class A or B

V01.02.2018

The *Asbestos licensing and notification guide for applicants* is available at [worksafe.qld.gov.au](http://worksafe.qld.gov.au) or by phoning 1300 362 128.

Please note: Only applicants who have notified of asbestos removal work during the term of their licence will be eligible for renewal.

**An application for renewal needs to be made before the licence expires.**

## 1. Type of renewal

Licence number:

Please tick only one box

Class A (friable asbestos and asbestos-contaminated dust or debris).

Note: Class A licence holders are also authorised to carry out Class B asbestos removal work

Class B (more than 10 square metres of non-friable asbestos or asbestos containing materials, and asbestos-contaminated dust or debris associated with the removal of more than 10 square metres of non-friable asbestos or asbestos containing materials).

## 2. Applicant details

Full entity name (legal name) (for example if Trust – need to determine who Trustee is eg John Smith as Trustee for David James Family Trust)

Business/trading name/s

The ABN or CAN must be attached to the legal name entered above (please note, a corporation must supply an ACN)

ABN  ACN

Note: If your ABN or CAN has changed, a new Form 80 – Application for Asbestos removal licence for Class A or Class B will need to be submitted.

## Principal business address

Unit/Building No.	Street no.	Street name		
Suburb/Town/Locality			State	Postcode

## Contact person

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	First name	
Middle name	Surname	
Phone	Fax	Mobile
Email		

## 3. Additional information

During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) been found guilty of an offence under the Work Health and Safety Act 2011 or Work Health and Safety Regulation 2011 or the repealed Workplace Health and Safety Act 1995 or under the work health and safety law of another state or territory or the Commonwealth?

No  Yes (If yes, provide details)

During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) been found guilty of an offence in relation to the unlawful disposal of hazardous waste under the Environmental Protection Act 1994 or the Waste Reduction and Recycling Act 2011?

No  Yes (If yes, provide details)

During the life of this licence has the applicant (or in the case of a corporate body, any officer of the corporate body) been disqualified from holding an equivalent licence by another state or territory or the Commonwealth work health and safety regulator?

No  Yes (If yes, provide details)

During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) previously had an equivalent licence refused, suspended or cancelled under the Work Health and Safety Act 2011, Work Health and Safety Regulation 2011, the repealed Workplace Health and Safety Act 1995 or under the work health and safety law of another state or territory or the Commonwealth?

No  Yes (If yes, provide details)

During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) entered into an enforceable undertaking under the Work Health and Safety Act 2011, Work Health and Safety Regulation 2011, the repealed Workplace Health and Safety Act 1995 or under the work health and safety law of another state or territory or the Commonwealth?

No  Yes (If yes, provide details)

Has the applicant (or in the case of a corporate body, any officer of the corporate body) previously held a similar licence under a corresponding work health and safety law in respect of which a condition has been imposed?

No  Yes (If yes, provide details)

During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) obtained any training or reassessment or taken any other action required under a condition imposed on the licence?

No  Yes (If yes, provide details)

#### 4. Evidence required

Upon submission of your application WHSQ will review notifications received from the licence holder (notifications must be made via Form 65 – Notification of licenced asbestos removal work, demolition work or emergency demolition). Notifications are required to show evidence of the scope of licensed asbestos removal work authorised on the licence. Failure to locate evidence of three (3) notifications will result in the licence not being renewed.

#### 5. Documentation required (Class A only)

I have enclosed a copy of evidence (certificate) certifying my safety management system is compliant with AS4801:2001 or equivalent safety management system. Certification may be made by a JAS-ANZ accredited conformity assessment body, Exemplar Global (previously known as RABQSA) certified auditor, or other person deemed to be appropriately qualified by the regulator.

#### 6. Declaration by supervisor for Class A licence

I declare that the nominated supervisor/s for the licence have maintained competency to carry out work authorised under this licence and each nominated supervisor is at least 18 years old.

#### 7. Class B licence only

Name of a person proposed to carry out Class B asbestos removal work under the licence.

If same as contact person in section 2 tick box, otherwise complete details below

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	First name
Middle name	Surname

#### 8. Licence declaration (Class A and B)

I declare that:

<b>Class A and B:</b> <input type="checkbox"/> The applicant does not hold an equivalent licence granted by a corresponding regulator under a corresponding work health and safety law. <input type="checkbox"/> The information supplied in this application is true and correct to the best of my knowledge. <input type="checkbox"/> None of the information supplied by me in this application or in any documents attached to or submitted in support of this application is false or misleading. <input type="checkbox"/> In making this application I have not failed to provide any material information relating to the matters addressed above. <input type="checkbox"/> I acknowledge that it is an offence under the <i>Work Health and Safety Act 2011</i> to provide false and misleading information in this application or in any documents submitted in support of this application. <input type="checkbox"/> I have authority from the corporate body to complete and submit this application (corporate body applicants only).
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I acknowledge WHSQ will include the following information on its website: business name, trading name, licence number, type and expiry, telephone number, (including mobile numbers), and regional location.

Applicant's signature	Date
First name	Surname

#### 9. Fee

In order for your application to be accepted, the form must be completed correctly, all supporting documentation must be provided and payment of the prescribed non-refundable application fee must be included. Failure to do so will delay the processing of your application. The relevant fee is specified online and is not subject to GST. **View the list of fees at [worksafe.qld.gov.au/oir-fees](http://worksafe.qld.gov.au/oir-fees).**

Please tick this box if you want a receipt sent to you.

Address to send the receipt (if different from address stated in section 2):

Unit/Building no.	Street no.	Street name
Suburb/Town/Locality	State	Postcode

I have enclosed a cheque or money order (cheques should be made out to Office of Industrial Relations)

or

I wish to pay by credit card, please call me on: \_\_\_\_\_

## 10. Returning the form

**Scan and email:** [WHSQLicensing@oir.qld.gov.au](mailto:WHSQLicensing@oir.qld.gov.au)

**Post:**

Licensing and Advisory Services  
Workplace Health and Safety Queensland  
PO Box 820  
Lutwyche QLD 4030

**Fax:** (07) 3874 7700

**Privacy statement:**

The Queensland Government is collecting your personal information to process this application for an asbestos removal licence under section 492 of the *Work Health and Safety Regulation 2011*. The Queensland Government is authorised by the WHS Act to disclose this information to other commonwealth, state or territory WHS regulators for the purpose of considering this application.