

FORM 84

# Removal of supervisor from Class A asbestos removal licence

V2.05.14

This form is to be completed in accordance with the relevant guidelines. The guidelines are available at [www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au) or by phoning the department's Infoline on 1300 655 986.

**Please note a separate form must be completed for each supervisor to be removed**

## 1. Licensee details

Name of licence holder (as it appears on the licence)	Licence number
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Contact person

Title (Mr, Mrs, Miss, Ms):	Family name/Surname:	
First given name:	Second given name (if applicable):	
Telephone:	Mobile:	Facsimile:
Email:		

## 2. Details of supervisor to be removed

Title (Mr, Mrs, Miss, Ms):	Family name/Surname:
First given name:	Second given name (if applicable):

## 3. Checklist of documentation required

Original licence document (for endorsement of proposed amendment)

## 4. Declaration by applicant (duly authorised representative)

I declare that:

- I have authority from the corporate body to complete and submit this application (corporate body applicants only).
- the information supplied in this form is true and correct to the best of my knowledge.
- none of the information supplied by me in this form or in any documents attached to or submitted in support of this application is false or misleading in any material particular.
- I acknowledge that it is an offence under the *Work Health and Safety Act 2011* to provide false and misleading information in this application or in any documents submitted in support of this application.

(details continue over page)

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I consent to Workplace Health and Safety Queensland making enquiries and exchanging information with work health and safety regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.

Dated:	Name in full (please print):	Signature:
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**PRIVACY STATEMENT**

The Department of Justice and Attorney-General is collecting your personal information in order to process your application for removal of supervisor in accordance with the *Work Health and Safety Act 2011*. It is the department's usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to making a decision on your application. The department will also disclose your licence status to employers or prospective employers and members of the public who request to check this status.

**Note: Unsigned or incomplete applications or applications not accompanied by the required documentation cannot be processed and may be returned.**

**Where to send the completed and signed form:**

WHSQLicensing@justice.qld.gov.au

**Fax:**

(07) 3247 9453

**Post:**

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