

2. 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found guilty of an offence under the *Work Health and Safety Act 2011* or Work Health and Safety Regulation 2011 or the repealed *Workplace Health and Safety Act 1995* or under the work health and safety law of another state or territory or the Commonwealth?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)

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suspended or cancelled under the *Work Health and Safety Act 2011* or Work Health and Safety Regulation 2011 or the repealed *Workplace Health and Safety Act 1995* or under the work health and safety law of another state or territory or the Commonwealth?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) entered into an enforceable undertaking under the *Work Health and Safety Act 2011* or Work Health and Safety Regulation 2011 or the repealed *Workplace Health and Safety Act 1995* or under the work health and safety law of another state or territory or the Commonwealth?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)

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)

3. Nominated supervisor declaration

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.

4. Evidence required

Upon submission of your application we 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 demolition work authorised on the licence. If we are unable to locate evidence of three (3) notifications over the duration of your current licence, we will request further information from you regarding evidence of three demolition jobs.

5. Insurance

You must attach proof of holding the following current insurance:

Public liability insurance

Name of insurer/underwriter	Policy number	Issue date	Expiry date

Workers' compensation insurance (if applicable)

Name of insurer/underwriter	Policy number	Issue date	Expiry date

The name of insured on the evidence provided must be the same as the legal name of the applicant as stated in Section 1 of this application.

6. Documentation required

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.

7. Declaration by applicant

Please note: The declaration must be signed by each individual in the partnership or unincorporated association. Copy and complete the declaration for each individual and submit with the application form.

I declare that:

- I have authority from the corporate body to complete and submit this application (corporate body applicants only).
- The applicant does not hold an equivalent licence granted by a corresponding regulator under a corresponding work health and safety law.
- The information supplied in this application is true and correct to the best of my knowledge.
- In making this application I have not failed to provide any material information relating to the matters addressed above.
- 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.
- 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.
- I understand the details of my demolition licence will be published by WHSQ.

I agree to my contact details being included in the published information. No Yes

Applicant signature	Full name	Date

8. 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.

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

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

Address to send the receipt (if different from address stated in Section 1):

Unit/building no.	Street no.	Street name		
Suburb/town/locality			State	Postcode

9. Returning the form

Scan and email: WHSQLicensing@oir.qld.gov.au

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

Privacy statement

The Queensland Government is collecting your personal information in order to process your application in accordance with the *Work Health and Safety Act 2011*. It is the 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 Queensland Government may also disclose your licence status to employers or prospective employers and members of the public who wish to check this status.