

Form 80

Application for asbestos removal licence for Class A or Class B

V22.01.2016

The *Asbestos licensing and notification guide for applicants* is available at worksafe.qld.gov.au or by phoning the infoline on 1300 362 128

Please note: only a person who conducts a business or undertaking in which asbestos removal work is carried out may apply for an asbestos removal licence.

1. Type of licence

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

OR

- 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 ACN must be attached to the legal name entered above (please note, a corporation must supply an ACN)

ABN

ACN

Principal business address

Unit number / Street number / Street name

| Suburb | State | Postcode |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Contact person

| Title | First name |
|----------------------|----------------------|
| (Dr Mr Mrs Miss Ms) | <input type="text"/> |

| Middle name (if applicable) | Surname |
|-----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| Telephone (including area code) | Fax number (including area code) | Mobile number |
|---------------------------------|----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email

Postal address (Must be an Australian PO Box address) Tick this box if the postal address is the same as the address above.

| PO Box GPO Box Private Bag Locked bag number | Suburb/ locality | State | Postcode |
|--|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Additional information

| | | |
|--|--|--|
| <p>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 <i>Work Health and Safety Act 2011</i> or <i>Work Health and Safety Regulation 2011</i> or the repealed <i>Workplace Health and Safety Act 1995</i> or under the work health and safety law of another state or territory or the Commonwealth?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes, please provide details.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>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 <i>Environmental Protection Act 1994</i> or the <i>Waste Reduction and Recycling Act 2011</i>?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes, please provide details.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>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?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes, please provide details.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>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 <i>Work Health and Safety Act 2011</i> or <i>Work Health and Safety Regulation 2011</i> or the repealed <i>Workplace Health and Safety Act 1995</i> or under the work health and safety law of another state or territory or the Commonwealth?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes, please provide details.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>Has the applicant (or in the case of a corporate body, any officer of the corporate body) entered into an enforceable undertaking under the <i>Work Health and Safety Act 2011</i> or <i>Work Health and Safety Regulation 2011</i> or the repealed <i>Workplace Health and Safety Act 1995</i> or under the work health and safety law of another state or territory or the Commonwealth?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes, please provide details.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>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?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes, please provide details.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

4. Nominated supervisor details for Class A licence

| | | | |
|---|--|-----------------------------|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | Surname | |
| First name | | Second name (If applicable) | |
| Date of birth (dd/mm/yy) | | | |

Residential address (Must be an Australian street address and not a PO Box)

| | | | |
|---------------------------------|---------------|-------------|----------|
| Unit number | street number | street name | |
| Suburb/ locality | | State | Postcode |
| Telephone (Including area code) | | Mobile | |
| Email | | | |

Postal address (Must be an Australian PO Box address) Tick this box if the postal address is the same as the address above.

| | | |
|--|-------|----------|
| PO Box I GPO Box I Private Bag Locked bag number | | |
| Suburb/ locality | State | Postcode |

5. Additional supervisor/s details for Class A licence

Please copy this section of this page if more supervisors are to be added

| | | | |
|---|--|-----------------------------|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | Surname | |
| First name | | Second name (If applicable) | |
| Date of birth (dd/mm/yy) | | | |

Residential address (Must be an Australian street address and not a PO Box)

| | | | |
|---------------------------------|---------------|-------------|----------|
| Unit number | street number | street name | |
| Suburb/ locality | | State | Postcode |
| Telephone (Including area code) | | Mobile | |
| Email | | | |

Postal address (Must be an Australian PO Box address) Tick this box if the postal address is the same as the address above.

| | | |
|--|-------|----------|
| PO Box I GPO Box I Private Bag Locked bag number | | |
| Suburb/ locality | State | Postcode |

6. 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"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | Surname |
| First name | Second name (If applicable) |

7. Class A and B licence

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.
- 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 in any material particular.
- 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.
- each nominated supervisor (for a Class A licence) is at least 18 years old

I acknowledge WHSQ will include the following information on its website: business name; trader name; licence number; type and expiry; telephone number; (including mobile numbers); and regional location.

| | |
|---------------------|---------|
| Applicant Signature | Date |
| First name | Surname |

8. Checklist of documentation required

- A copy of the registration of business (trading) name issued by state/territory regulators (if applicable).
- A copy of the certificate of incorporation of the corporate body (corporate body applicants only).

9. Checklist of additional documents required

Application for Class A Licence

- Evidence that each named supervisor has at least three years of relevant industry experience.
- Copy of identity documents for each named supervisor: and
- Copy of the certification issued to each named supervisor for the specified VET course:
 - CPCPCDE3015A - Remove friable asbestos; and
 - CPCPCBC4051A - Supervise asbestos removal.
- Evidence that applicant has a safety management system certified as being compliant with AS 4801:2001 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.

Application for Class B Licence

- Copy of the certification issued to a named person to carry out the Class B asbestos removal work for the specified VET course for:
 - CPCPCDE3014A - Remove non-friable asbestos; or
 - CPCPCDE3015A - Remove friable asbestos.

10. 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.

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

11. 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 |
| 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.

© State of Queensland 2017

Form 80

Form guide – Application for asbestos removal licence for Class A or Class B

This guide is designed to assist you in completing the form 'Application for asbestos removal licence Class A or Class B'. If you have further questions about this form please contact Licensing and Advisory Services on 1300 362 128.

The *Asbestos licensing and notification guide for applicants* provides more information about applying for an asbestos removal licence and is available at worksafe.qld.gov.au.

For WHSQ to accept your application, the form must be completed correctly, all supporting documentation must be provided and payment of the prescribed fee **MUST** be included. Failure to do so will delay the processing of your application.

1. Type of licence

- If a Class A licence is required, tick 'Class A'.
- If a Class B licence is required, tick 'Class B'.
- Only tick ONE box. (NOTE: Class A licence holders are authorised to carry out both Class A and Class B asbestos removal work)

2. Applicant details

Business information

- Enter the full legal name, business/trading/trustee name, ABN and ACN numbers for the business applying for the licence in the boxes provided.
- If the business applying for the licence is trustee for a trust please insert the name of the trustee in the 'Business name/trading name/trustee's name' box provided and the name of the trust in the 'Full legal name of the organisation' box provided.

Business address

- All written correspondence will be sent for the attention of the contact person you nominate.
- Provide the current business address details, by completing the unit and/or street number, street name, suburb, state and postcode fields in the boxes provided.
- The address provided must be a Queensland address and cannot be a PO Box. Suburb, state and postcode are mandatory fields and must be completed.
- Only provide the postal address details (at the end of the 'Details of applicant' section) if the postal address is different to the business address, otherwise, tick the box and leave the remaining boxes blank.

Contact person

- Provide the current surname, title and given names of your nominated contact person in the boxes provided.
- The title, family/surname and first given name fields are mandatory and must be completed.
- At least one contact telephone number must be provided.
- Providing a mobile number and email address will enable WHSQ to contact you more easily if there are any queries with this application or important information about licensing.

3. Additional information

- Simply tick 'No' or 'Yes' to each question.
- If 'Yes' is ticked for any of the questions in this section supply the details of the offence or exclusion as it applies to the business applying for the licence.
- Having a licence suspended or cancelled, or having a conviction, does not automatically exclude the business from holding an asbestos removal licence.
- Each application will be assessed on the details provided. You may be contacted to supply further information.

4. Nominated supervisor details for Class A licence only

Name and date of birth:

- Provide the supervisor's current surname, title and given names in the boxes provided.
- The title, family/surname and first given name are mandatory fields and must be completed.
- The date of birth of the supervisor must be provided to assist WHSQ identify him/her.

Contact Details

- At least one contact telephone number must be provided, preferably a mobile phone number.

Address

- Provide the current details of the supervisor's residential address by completing the unit and/or street number, street name, suburb, state and postcode fields.
- The address must be a Queensland address and cannot be a PO Box. Suburb, state and postcode are mandatory fields and must be completed.
- Only provide the postal address details if the postal address for the supervisor is different to the residential address, otherwise, tick the box and leave the remaining boxes blank.

5. Additional supervisor/s details for Class A licence only

- If further supervisors are to be nominated, complete this section as explained above for **section 4**.
- If the space provided is insufficient for the number of supervisors being nominated, copy the blank supervisor's section as many times as necessary to accommodate the nominations.

6. Named person for Class B licence

- The applicant must provide the name of a person who will be carrying out Class B asbestos removal work under the licence.
- If the applicant is an individual who will be doing the work (eg self employed person), the information provided must be about the individual.

7. Declaration by applicant

- Before signing at this section, make sure each point is read and understood.
- The declaration must be signed by a duly authorised representative of the business applying for the licence.
- For a partnership or unincorporated association, each individual member of the legal entity must sign the declaration. Copy the declaration page as many times as is necessary to accommodate each member.

8. Checklist of business documents required

- If the business applying for the licence has a registered business name, then a copy of the certificate of registration must be provided with the application.
- If the business applying for the licence is a corporate body then a copy of the certificate of incorporation must be provided with the application.

9. Checklist of additional documents required

Applicants for Class A

The business must provide evidence that they have in place a safety management system which complies with AS4801:2001 or an equivalent safety management system provided by:

- a JAS-ANZ accredited conformity assessment body, or
- a RABQSA certified auditor,
- another person deemed to be suitably qualified by the regulator.

JAS-ANZ is the government-appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and independence of these CABs. *For further information please visit the JAS-ANZ web site www.jas-anz.com.au.*

Exemplar Global (previously known as RABQSA) is an independent auditor and training certification body and is accredited to ISO/IEC 17024:2003- *Requirements for Bodies operating the certification of persons*, standard by the Joint Accreditation System of Australia and New Zealand (JAZ-ANZ). *For further information please visit the RABQSA web site www.rabqsa.com.*

Other people wishing to certify safety management systems for applicants for asbestos removal licences should provide evidence of their qualifications, experience (particularly experience related to the asbestos removal industry) and examples of systems considered to be compliant with AS4801:2001 to WHSQ at the address in **section 11**.

For each named supervisor:

Provide a copy of the statement of attainment for successful completion of the specified vocational education and training (VET) course for:

- Class A asbestos removal work (CPCCE3015A Remove friable asbestos) and
- asbestos removal supervision (CPCBC4051A Supervise asbestos removal).

Provide details of three years relevant industry experience. Evidence must include a brief description of tasks performed by the nominated supervisor for at least three friable asbestos removal jobs performed over a period of three years that are verifiable by a referee (provide contact details for the referee).

The evidence of this experience can be provided in the following ways:

- Letters from employer/s (manager, supervisor) or organisation on company/organisation letterhead, dated and signed by the employer, organisation or their representative. It must include asbestos removal project names, dates and location, specific details of the tasks undertaken by the applicant; and
- Copies of contracts showing engagement of friable asbestos removal services, work diaries or logbooks for the work undertaken.

Provide a copy of the supervisor's current Queensland driver's licence or a driver's licence of another state or territory. If this type of identification is not available for the supervisor any other form of government issued photographic identity card is acceptable.

Applicants for Class B

For a person who will carry out Class B asbestos removal work under the licence provide a copy of the statement of attainment for successful completion of the specified VET course for:

- Class B asbestos removal work (CPCCE3014A Remove non-friable asbestos) or
- Class A asbestos removal work (CPCCE3015A Remove friable asbestos).

If the applicant is an individual who proposes to personally carry out the work under the licence, the statement of attainment must relate to that applicant.

10. Fee

- The payment details for the specific fee must be included with the licence application.
- View the list of scheduled fees at worksafe.qld.gov.au/oir-fees. GST does not apply to fees.

Lodging your application form

To process the application, WHSQ must receive the following at the time of lodgement of the application:

1. The fully completed Application for asbestos removal licence for Class A or Class B form.
2. All appropriate documentations relevant to the class of licence (refer to the document checklists in the form and this guide).
3. The specific fee payment.

It is an offence under the *Work Health and Safety Act 2011* to provide false and misleading information in the application or in any documents submitted in support of the application.

11. 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 |
| Fax: | (07) 3874 7700 |