FORM 83

Work Health and Safety Act 2011

Change of details or replacement asbestos removalist licence

V25.09.19

This form is to be completed in accordance with the relevant guidelines. The guidelines are available at **worksafe.qld.gov.au** or by phoning WHSQ on 1300 362 128.

1. Type of licence applied for *(Please tick only one box)*

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

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 meters of non-friable asbestos or asbestos containing materials)*

2. Licence details (Please do not use this form if the ABN and entity details have changed, instead apply for a new licence (Form 80- Application for class A or class B).

Licence number

Full legal name of organisation (For example sole trader, partnership or corporation)

Business/trading name/s. If the licence holder (above) is trustee for a trust, include the name of trust here

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

ABN ☐☐☐☐☐☐☐☐☐☐☐ ACN ☐☐☐☐☐☐☐☐☐☐☐

3. Change of address, contact details or contact person

(if there are no changes you are not required to complete this section)

Principal business address (must be an Australian street address and not a PO Box):

Unit number / Street number / Street name

Suburb	State	Postcode

Contact person

Title	First name
(☐ Dr, ☐ Mr, ☐ Mrs, ☐ Miss, ☐ Ms)	

Middle name (if applicable)	Surname

Telephone (including area code)	Fax number (including area code)	Mobile number

Email

Queensland Government

Postal address (must be an Australian address)

☐ Tick this box if the postal address is the same as the address above

PO box number:	GPO box number:	Private bag number:	Locked bag number:
Suburb:		State:	Postcode:

4. Replacement

Reason you are applying for a replacement licence – please tick the reason for replacement and provide details below (note that your replacement licence may be delayed if these details are not provided).

☐ Lost/stolen ☐ Damaged/destroyed

The circumstances in which the original licence was lost/stolen/damaged/destroyed:

5. Declaration

The information supplied in this application is true and correct to the best of my knowledge.

I declare that 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.

I declare that 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.

Dated:	Name in full (please print):	Signature:

6. 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	

7. 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 in order to process your application for accreditation as an assessor for high risk work classes or application for an additional class on an existing accreditation 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.

AEU 18/5166

© State of Queensland 2018.