

Form 85

# Nomination of additional supervisor for Class A asbestos removal licence

V15.06.2017

Work Health and Safety Act 2011

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 Licencing Direct on 1300 631 948.

Please note: A separate form must be completed for each additional supervisor.

## Section 1 - Licensee details

Name of licence holder (as it appears on the licence)			
Licence number			
<b>Contact Person</b>			
Title: Mr / Mrs / Ms / Miss / Other			
Family name:			
Given name/s:			
Middle name/s:			
Phone:		Fax:	
Mobile:			
Email:			

## Section 2 - Details of supervisor

Title: Mr / Mrs / Ms / Miss / Other			
Family name:			
Given name/s:			
Middle name/s:			
Date of birth			
Residential address: (must be an Australian address and not a PO Box)	Unit/Building No.	Street No.	Street Name
	Suburb/Town/Locality		State Postcode
Phone:		Fax:	
Mobile:		Email:	
<input type="checkbox"/> Tick this box if the postal address is the same as the address above			
Postal address: (must be an Australian address)	PO Box No.	GPO Box No.	Private Bag No. Locked Bag No.
	Suburb/Town/Locality		State Postcode

### Section 3 - Declaration by applicant (duly authorised representative)

I declare that:

- I have authority from the corporate body to complete and submit this nomination (corporate body applicants only).
- the information supplied in this form of nomination is true and correct to the best of my knowledge.
- none of the information supplied by me in this form of nomination or in any documents attached to or submitted in support of this nomination is false or misleading in any material particular.
- in making this nomination 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 nomination or in any documents submitted in support of this nomination.
- this nominated supervisor is at least 18 years old.

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.

Signature		Date	
Name in full (please print)			

### Privacy statement:

The Department of Justice and Attorney-General is collecting your personal information in order to process your application for an asbestos removal licence 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. In addition the department will include the following information on its website: Business name/sole trader name; Licence number, type and expiry date; telephone number (including mobile numbers); and regional location.

### Section 4 - Checklist of documentation required

Original licence document (for endorsement of proposed amendment)

### Section 5 - Checklist of additional documents required

#### Nomination of additional supervisor for a Class A asbestos removal licence

Copy of the certification issued to the supervisor for the specified VET courses for:

- CPCCE3015A Remove friable asbestos; and
- CPCBC4051A Supervise asbestos removal

Evidence that the supervisor has at least three years of relevant industry experience; and

Copy of identity documents for the supervisor.

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

### Lodging this form

You may lodge your application by mail to:

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

or

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

or

Fax: (07) 3874 7700

# Form guide – Nomination of additional supervisor for Class A asbestos removal licence

This guide is designed to assist you in completing the form ‘Nomination of additional supervisor for Class A asbestos removal licence’, if you have further questions in relation to this material please contact Workplace Health and Safety Queensland (WHSQ) Licensing Direct on 1300 631 948 .

The document ‘Guide for applicants for asbestos removal and asbestos assessor licence and notifications of asbestos removal work, asbestos fibres and emergency demolition of structures containing asbestos’ should be read in order to understand the obligations, responsibilities and rights under the *Work Health and Safety Regulation 2011* and *Work Health and Safety Act 2011* in relation to who can apply for an asbestos removal licence, the application process and processing, as well as the work undertaken by an individual who holds an asbestos removal licence.

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

## Section 1 - Licensee details

### Details of the licence holder

- Enter the name of the licensee and licence number as they appear on the issued licence.
- All written correspondence will be sent to the attention of the contact person provided.

### Contact person

- Provide the surname, title and given names of the person in the boxes provided.
- The title, family/surname and first given name fields are mandatory and must be completed.
- A least one contact telephone number must be provided
- If a mobile number and email address is supplied, this will easily enable WHSQ to be in contact if there are any queries with the nomination or any important information about the nomination and/or licence.

## Section 2 - Details of supervisor

### Name and date of birth:

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

### Contact details

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

### Address

- This will easily enable WHSQ to be in contact if there are any queries to be made or any important information to be alerted to.
- 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 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.

### Postal address

- 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.

## Section 3 - 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 licensee.
- 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.

## Section 4 - Checklist of documents required

- The original licence issued must be returned to allow the proposed nominee to be added to the document.

## Section 5 - Checklist of additional documents required

### Class A Licence holders

- i. 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).
- ii. Provide details of three years relevant industry experience. This must include asbestos removal project names and dates, details of the methods employed to remove the friable asbestos and confirmation that the supervisor has been involved in the process. A contact name and number for each project must be included so WHSQ can verify the experience if necessary.
- iii. 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.

### Lodging your application form

In order to process the application WHSQ must receive the following at the time of lodgement of the application:

1. The fully completed Nomination of additional supervisor for Class A asbestos removal licence form.
2. All appropriate documentation relevant to the requirements of each nominee (refer to the document checklists on the form and this guide).

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

### Lodging your application form:

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

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

Fax :                 (07) 3874 7700