FORM 81

Form guide - Application for asbestos assessor licence

V07.02.24

Work Health and Safety Regulation 2011.

This guide is designed to assist you in completing the form 'Application for asbestos assessor licence'. If you have further questions about this form, call 1300 362 128.

The 'Asbestos licensing and notification guide for applicants' provides more information about applying an asbestos assessor 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. Details of applicant

Name and date of birth

- Provide your surname, title and given names in the boxes provided.
- Your title, family/surname and your first given name are mandatory fields and must be completed.
- You must provide your date of birth to assist WHSQ in identifying you.

Address

- All correspondence will be sent to the individual who is the proposed licence holder.
- Provide your current details, whether a residential or business address, by completing the unit and/or street number, street name, suburb, state and postcode fields.
- · You must be a resident of Queensland, or can satisfy WHSQ that circumstances exist that justify the issue of the licence in Queensland.
- Your address provided must be a Queensland address and cannot be a PO Box. Suburb, state and postcode are mandatory fields and must be completed.

Contact details

- You must provide at least one contact telephone number.
- If you supply a mobile number and email address, WHSQ can contact you if there are any queries with your application or important
 information about licensing.

Postal address

• Only provide the postal address details if your postal address is different to your residential/business address, otherwise, tick the box and leave the remaining boxes blank.

2. Additional information

- Tick 'No' or 'Yes' to each question.
- If you tick 'Yes' supply the information requested as it applies to you.
- Having a licence suspended or cancelled, or having a conviction does not automatically exclude you from holding an asbestos assessor licence.
- Each application will be assessed on the details provided. However you may be contacted to supply further information.
- It is an offence under the Work Health and Safety Act 2011 to provide false or misleading information when applying for an asbestos
 assessor licence.
- Section 271 of the *Work Health and Safety Act 2011* permits the release of information by WHSQ as the regulator that is necessary for the recognition of authorisations under a corresponding work health and safety (WHS) law or is required for the exercise of a power or function under a corresponding WHS law.

3. Declaration by applicant

- Make sure you read and understand the declarations before you sign.
- The declaration must be signed by the individual making the application.

4. Checklist of documents required

Workplace Health and Safety Queensland's criteria to operate as an asbestos assessor require that applicants for an asbestos assessor licence must provide:

- 1. A copy of a certificate held by the applicant for the national unit of competency for asbestos assessor work CPCCDE5001 *Conduct asbestos assessment associated with removal*, or
- 2. Evidence the applicant holds a tertiary qualification specific to management and identification of asbestos fibres in the environment in occupational health and safety or industrial hygiene or science or building construction or environmental health. Evidence must include a copy of the transcript that shows the completion of the unit/s of competency or study which directly apply to the management of asbestos fibres in the environment.
- 3. Evidence the applicant has knowledge and skills of relevant asbestos removal industry practice such as:
 - work experience as a nominated supervisor for a Class A asbestos removal licence issued under the current legislation;
 - work experience in performing, or assisting with, the work of an asbestos assessor. Evidence must include a brief description of
 tasks performed by the applicant for at least three friable asbestos removal jobs performed over a period of two years that are
 verifiable by a referee whose contact details are provided. 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.
 - Copies of contracts showing engagement of asbestos assessment services, work diaries or logbooks for the work undertaken.
- 4. A copy of a current Queensland driver's licence or a driver's licence in your name from another state or territory. If this type of identification is not available, any other form of government issued photographic identity is acceptable. Identification must be certified by a JP or similar.

Lodging your application form

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

- 1. The completed Application for an asbestos assessor licence form
- 2. All appropriate documentation relevant to the licence application (refer to the document checklists on the form and this guide)
- 3. Payment of the applicable fee.

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.

Returning the form

Scan and email:	WHSQLicensing@oir.qld.gov.au
Post:	Licensing and Regulatory Interventions Workplace Health and Safety Queensland PO Box 820 Lutwyche QLD 4030

FORM 81

Application for an asbestos assessor licence

V01.06.2021

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 or by calling 1300 362 128.

1. Appl	icant d	letails
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Title	Surname								
First name				Seco	ond name <i>(If</i>	annlicable)			
Date of birth (dd/mm/yy)				3000	ma name (ŋ	<i>аррисаоте</i>)			
Residential address (Must	 be an Australian	street addres	s and not a PC	D Box)	<u> </u>				
Unit number	street number		streetname						
Suburb/ locality					State Posto		Postcode	tcode	
Telephone (Including area	code)				Mobile				
retephone (metading area					mosite				
Email									
Postal address (Must be ar	ı Australian PO E	ox address)	Tick this b	ox if t	he postal ac	ddress is the sam	e as the ad	dress above.	
PO Box I GPO Box I Private	Rag Locked had	r number							
TO BOX FOI O BOX FF IIVate	Dag Locked Dag	Humber							
Suburb/ locality						State		Postcode	
2. Additional info	nd guilty of an of place Health ad								
Has the applicant been four Act 1994 or the Waste Redu	nd guilty of an oi ction and Recycl	ffence in relati	ion to the unla	wful o	disposal of h	nazardous waste ı	under the <i>E</i>	nvironmental Protectio	

Has the applicant been disqualified from holding an equivalent licence safety regulator?	by another state or territory or the Commonwealth work health and
No Yes (If yes provide details)	
Has the applicant previously had an equivalent licence refused, suspenties the alth and Safety Regulation 2011 or under the work health and safety	
No Yes (If yes provide details)	
Has the applicant entered into an enforceable undertaking under the V Safety Act 1995 or the work health and safety law of another state or to	
No Yes (If yes provide details)	
Has the applicant previously held a similar licence under a correspond imposed?	ing work health and safety law in respect of which a condition has beer
No Yes (If yes provide details)	
3. Declaration by applicant	
I declare that:	
 the information supplied in this application is true and correct to t none of the information supplied by me in this application or in an false or misleading in any material particular 	he best of my knowledge y documents attached to or submitted in support of this application is
 in making this application I have not failed to provide any materia I acknowledge that it is an offence under the Work Health and Safrapplication or in any documents submitted in support of this appl 	ety Act 2011 to provide false and misleading information in this
I do not hold an equivalent licence granted by a corresponding reg	
I consent to Workplace Health and Safety Queensland making enquirie other states, territories or the Commonwealth regarding any matter rel	
Applicant signature	Date
First name	Surname

4. Checklist	t of documentation required
A copy of:	
	eld by the applicant for the national unit of competency for asbestos assessor work CPCCDE5001 <i>Conduct asbestos</i> sociated with removal or (CPCCBC5014A – <i>Conduct asbestos assessment associated with removal</i>), or
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employer,	om employer/s (manager, supervisor) or organisation on company/organisation letterhead, dated and signed by the organisation or their representative. It must include asbestos removal project names, dates and location, specific details or undertake by the applicant.
 Copies of 	contracts showing engagement of asbestos assessment services, work diaries or logbooks for the work undertaken.
5. Fee	
The relevant fee i	n-refundable application fee must be included. Failure to do so will delay the processing of your application. s specified online and is not subject to GST. View the list of fees at worksafe.qld.gov.au/oir-fees. s box if you want a receipt sent to you.
Address to send t	he receipt (if different from address stated in Section 2):
Unit/Building no.	Street no. Street name
Suburb/Town/Loca	olity State Postcode
☐ I have enclose	d a cheque or money order (cheques should be made out to Office of Industrial Relations)
or I will pay by cr	adit card
A payment link wil	l be sent from: <u>no-reply@bpoint.com.au</u>
6. Returning	g the form
Scan and email:	WHSQLicensing@oir.qld.gov.au
Post:	Licensing and Regulatory Interventions Workplace Health and Safety Queensland PO Box 820 Lutwyche QLD 4030
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Privacy state	
high risk work clas 2011. It is the usua	overnment is collecting your personal information in order to process your application for accreditation as an assessor for ses or application for an additional class on an existing accreditation in accordance with the <i>Work Health and Safety Act</i> I 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. PN11226

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(1300 362 128 995/127194 995/127