

FORM 78

Work Health and Safety Act 2011

Change of details/replacement licence for demolition work

V01.08.2019

For more information visit www.worksafe.qld.gov.au or phone 1300 362 128.

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

1. Licence details (Please do not use this form if the ABN and entity details have changed, an application for a new licence must be made.)

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

2. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact person

Title	First name
<input type="text"/>	<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
<input type="text"/>

4. Replacement

Please tick the reason you are applying for a replacement licence 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. 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

<input type="checkbox"/> I wish to pay by credit card, please call me on	
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6. 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.

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