#### Form 100

# Application for renewal of asbestos removal licence for Class A or B

V07.02.24

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

Please note: Only applicants who have notified of asbestos removal work during the term of their licence will be eligible for renewal.

An application for renewal needs to be made before the licence expires.

1. Type of renewal								
Licence number:								
Please tick only one box								
Class A (friable asbest	tos and asbestos-contan	ninated dust or debris).						
Note: Class A licence holders are also authorised to carry out Class B asbestos removal work								
		iable asbestos or asbestos co quare metres of non-friable a		estos-contaminated dust or debris ning materials).				
2. Applicant details	6							
Full entity name (legal nam	ne) (e.g. if Trust – need to	o determine who Trustee is e	.g. John Smith as Trustee for	David James Family Trust)				
Business/trading name/s								
The ABN or ACN must be a	ttached to the legal nam	ne entered above (please note	e, a corporation must supply	y an ACN)				
ABN	ABN ACN							
Note: If your ABN or ACN h	as changed, a new Form	ı 80 – Application for Asbesto	s removal licence for Class	A or Class B will need to be submitted.				
Principal business addres	s							
Unit/Building No.	Street no.	Street name						
Suburb/Town/Locality			State	Postcode				
Contact person								
Title:	First nan	ne						
Middle name	le name Surname							
Phone	Fax		Mobile					
Email								
offence under the Work He 1995 or under the work he	ce, has the applicant (or ealth and Safety Act 2011		Regulation 2011 or the repea	rate body) been found guilty of an led <i>Workplace Health and Safety Act</i>				



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> ?
No Yes (If yes, provide details)
During the life of this licence 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?
No Yes (If yes, provide details)
During the life of this licence, 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 Work Health and Safety Act 2011, Work Health and Safety Regulation 2011, the repealed Workplace Health and Safety Act 1995 or under the work health and safety law of another state or territory or the Commonwealth?
No Yes (If yes, provide details)
During the life of this licence, 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> , Work Health and Safety Regulation 2011, 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?
No Yes (If yes, provide details)
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?
No Yes (If yes, provide details)
During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) obtained any training or reassessment or taken any other action required under a condition imposed on the licence?
No Yes (If yes, provide details)

During the life of this licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) been found guilty of an

## 4. Evidence required

Upon submission of your application WHSQ will review notifications received from the licence holder (notifications must be made via Form 65 – Notification of licenced asbestos removal work, demolition work or emergency demolition). Notifications are required to show evidence of the scope of licensed asbestos removal work authorised on the licence. Failure to locate evidence of three (3) notifications will result in the licence not being renewed.

5.	Documentation required (Class A only)								
	I have enclosed a copy of evidence (certificate) certifying my safety management system is compliant with AS4801:2001 or AS/NZS ISO 45001:2018 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.								
6.	Declaration by sup	ervisor for Clas	ss A licence						
	I declare that the nominated supervisor/s for the licence have maintained competency to carry out work authorised under this licence and each nominated supervisor is at least 18 years old.								
7.	Class B licence only	,							
Naı	me of a person proposed to	carry out Class B as	sbestos removal work unde	r the licence.					
	If same as contact person	in section 2 tick box	, otherwise complete detai	s below					
Tit	tle:	First name	e						
M	iddle name		Surname						
8.	Licence declaration	(Class A and B	3)						
	eclare that:	•	•						
Cl	ass A and B:								
	The applicant does not h	nold an equivalent lic	cence granted by a correspo	onding regulator under a corres	ponding 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 making this application I have not failed to provide any material information relating to the matters addressed above.									
	I acknowledge that it is a or in any documents sub			t 2011 to provide false and misl	eading information in this application				
	I have authority from the	corporate body to c	complete and submit this a	oplication (corporate body appl	icants only).				
	I acknowledge WHSQ will telephone number, (inclu			e: business name, trading name	e, licence number, type and expiry,				
A	pplicant's signature				Date				
Fi	rst name		Surnar	me					
9.	Fee								
of t	he prescribed non-refunda	ble application fee n		do so will delay the processing	ation must be provided and payment of your application. The relevant fee is				
	Please tick this box if you	want a receipt sent t	to you.						
Add	dress to send the receipt (if	f different from addre	ess stated in section 2):						
Ur	nit/Building no.	Street no.	Street name						
Sι	uburb/Town/Locality			State	Postcode				
	I have enclosed a cheque	or money order (che	ques should be made out t	o Office of Industrial Relations)					
or	1								
Δ :-	I will pay by credit card	no ronku@ba-tat	m au						
Αр	ayment link will be sent from:	. no-repty@ppoint.co	III.dU						

## 10. 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

### **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 *Work Health and Safety Act 2011* to disclose this information to other commonwealth, state or territory WHS regulators for the purpose of considering this application.

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