



Australian Government

Comcare

# APPLICATION FOR AN ASBESTOS REMOVAL LICENCE

This application form is approved by Comcare for the purposes of administering the *Work Health and Safety Act 2011* (WHS Act).

## PRIVACY AND PERSONAL INFORMATION

Any personal information collected by Comcare in connection with this application will be used to assess the granting of an authorisation. The information may also be used by Comcare in connection with its functions and powers under the WHS Act, *Work Health and Safety Regulations 2011* (WHS Regulations) and other legislation, and the administration and evaluation of Comcare's programs generally.

Comcare may disclose personal information to the following bodies and agencies, including but not limited to, its legal advisers; the Safety, Rehabilitation and Compensation Commission; contractors and agents; a court or tribunal; state or territory work health and safety regulatory agencies; Commonwealth, state or territory industry regulators; enforcement agencies (including police investigating or conducting an interview in connection with the application); state and territory Coroners; and any other person where there is an obligation under law to do so.

Comcare and inspectors appointed by Comcare respect your privacy and are committed to protecting your personal information. If you have any concerns about the privacy of your personal information please contact Comcare's privacy contact officer by email at [privacy@comcare.gov.au](mailto:privacy@comcare.gov.au).

Comcare's privacy statement is available at [http://www.comcare.gov.au/about\\_us/privacy](http://www.comcare.gov.au/about_us/privacy).

## PCBU'S IN COMCARE'S JURISDICTION

The person conducting the business or undertaking (PCBU) that commissions the removal of asbestos must ensure the removalist is licensed to carry out the work. Applications should be made to Comcare if the PCBU is the Commonwealth, a public authority or a non Commonwealth licensee as defined in the WHS Act and WHS Regulations. For more information about PCBUs in Comcare's jurisdiction, refer to [www.comcare.gov.au](http://www.comcare.gov.au).

## GUIDANCE MATERIAL

Applicants wishing to obtain an asbestos licence from Comcare are encouraged to review Comcare's 'Guide for Applicant's for asbestos removal licences' prior to submitting an application. The guidance material is available on our website at [www.comcare.gov.au](http://www.comcare.gov.au).

## ADDITIONAL INFORMATION

For additional information please contact the Authorisations team on 1300 366 979 or email [WHS.Asbestos@comcare.gov.au](mailto:WHS.Asbestos@comcare.gov.au). For information about how we handle personal information, please visit [www.comcare.gov.au](http://www.comcare.gov.au) or contact us to request a copy of our Privacy Policy.

# EVIDENCE REQUIREMENTS TO SUPPORT AN ASBESTOS REMOVAL LICENCE APPLICATION

## Qualification evidence

Applicants must submit a copy of their Vocational Education and Training (VET) certification, demonstrating their successful completion of the course. The certificate must relate to the asbestos removal licence for which they are applying for.

## Industry experience evidence

Applicants wishing to obtain a Class A asbestos removal licence must be able to demonstrate at least three years of relevant industry experience in the removal of friable asbestos work.

Applicants wishing to obtain a Class B asbestos removal licence must be able to demonstrate at least 12 months relevant industry experience in the removal of non-friable asbestos work.

## Certified safety management system

Applicants wishing to obtain a Class A asbestos removal licence must submit evidence they have a certified work health and safety management system in place at the time of lodging their application for a licence.

# APPLICATION FOR AN ASBESTOS REMOVAL LICENCE

## 1. APPLICATION TYPE

New  Renewal  Replacement  Cancellation

## 2. CLASS OF ASBESTOS

- Class A—Friable Asbestos or ACD
- Class B—Non-friable asbestos, ACM or ACD more than 10 square metres

## 3. LICENCE RENEWAL (ONLY COMPLETE IF YOU ARE SEEKING A RENEWAL OF YOUR LICENCE)

Name on the licence

Asbestos removal licence number

Date of expiry

Comcare issued?  State or Territory issued?

Issuing State or Territory

Note: If you are renewing a state or territory issued asbestos removal licence, please provide a copy of both sides of the licence.

## 4. LICENCE REPLACEMENT (ONLY COMPLETE IF YOU NEED TO REPLACE AN EXISTING LICENCE)

Name on the licence

Asbestos removal licence number

Replacement Reason  Address change  Lost  Stolen  Destroyed

If you have **lost**, **stolen** or **destroyed** your previous licence, please provide a description of the circumstances in which the licence was lost, stolen or destroyed.

## 5. LICENCE CANCELLATION (ONLY COMPLETE IF YOU NEED TO CANCEL AN EXISTING LICENCE)

Name on the licence

Asbestos removal licence number

Date of expiry

Please provide a reason for the cancellation of your asbestos licence

## 6. DETAILS OF THE PERSON CONDUCTING A BUSINESS OR UNDERTAKING (PCBU)

Name

ABN/ACN

Street address

Town/Suburb  State  Postcode

## 7. DETAILS OF THE APPLICANT

Title  Given name

Family name

Registered business (trading) name (if applicable)

ABN (if applicable)

Street address

Town/Suburb  State  Postcode

Telephone number  Mobile

Email address

## 8. NOMINATED SUPERVISORS DETAILS

Title	<input type="text"/>	Given name	<input type="text"/>		
Family name	<input type="text"/>				
Registered business (trading) name (if applicable)	<input type="text"/>				
ABN (if applicable)	<input type="text"/>				
Street address	<input type="text"/>				
Town/Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Mobile	<input type="text"/>		
Email address	<input type="text"/>				

## 9. ADDITIONAL SUPERVISORS

Applicants wishing to nominate additional supervisors must complete and attach the 'Asbestos Removal Licence—Supervisor Nomination Form' for each additional supervisor.

Are you nominating additional supervisors?  Yes  No

## 10. PREVIOUS AUTHORISATION TO SUPERVISE ASBESTOS WORK (OF THE INDIVIDUAL APPLICANT OR THE NOMINATED SUPERVISOR)

Have you previously been authorised as a supervisor or licence holder for the asbestos removal licence you are applying for?

Yes (please indicate the asbestos removal work and details of the licence holder)  No

Class A—Friable Asbestos or ACD

Name of licence holder

Asbestos removal licence number

Class B—Non-friable asbestos, ACM or ACD more than 10 square metres

Name of licence holder

Asbestos removal licence number

## 11. INDUSTRY EXPERIENCE (OF THE INDIVIDUAL APPLICANT OR THE NOMINATED SUPERVISOR)

Applicants are to ensure that **at least one** of the following items is provided to support their application for an asbestos removal licence:

- A description of the work undertaken
- Written references that support the description of the work undertaken

## 12. QUALIFICATIONS (OF THE INDIVIDUAL APPLICANT OR THE NOMINATED SUPERVISOR)

Please attach a copy of a certificate for the successful completion of the Vocational Education and Training (VET) course for the asbestos removal licence you are applying for.

A copy of the certificate is attached

## 13. CERTIFIED SAFETY MANAGEMENT SYSTEM (REQUIRED FOR A CLASS A REMOVAL LICENCE)

Applicants wishing to obtain a Class A asbestos removal licence must also submit evidence that they have a certified safety management system in place.

A copy of the evidence is attached

## 14. WORK HEALTH AND SAFETY HISTORY (FOR INDIVIDUALS AND BODY CORPORATES)

1. Have you ever been convicted or found guilty of any offence under the WHS Act, WHS Regulations or a former law of the Commonwealth or a state that deals with occupational health and safety or a corresponding WHS law?  
 Yes  No
2. Have you entered into an enforceable undertaking under the WHS Act, WHS Regulations or a former law of the Commonwealth or a state that deals with occupational health and safety or a corresponding WHS law?  
 Yes  No
3. Have you previously been refused an equivalent licence under a corresponding WHS Law?  
 Yes  No
4. Have you ever been convicted or found guilty of any offence in relation to the unlawful disposal of hazardous waste?  
 Yes  No
5. Have you previously held an equivalent licence under a corresponding WHS law?  
 Yes  No (if yes—answer the following questions)
  - 5a) were there any conditions imposed on that licence?  Yes  No
  - 5b) was your licence ever suspended or cancelled?  Yes  No
  - 5c) were you ever disqualified from applying for any licence?  Yes  No

If yes was answered to any of the above questions, provide details below

## 13. DECLARATION BY APPLICANT

I declare that:

- > I do not hold an equivalent licence under a corresponding WHS law (unless that licence is expiring and it is being renewed through the Commonwealth)
- > The information in this application is true and correct to the best of my knowledge
- > I consent to Comcare making enquiries and exchanging information with other Commonwealth entities and other work health and safety regulators in the states and territories regarding any matter relevant to this application.

Name

Signature

Date