

Victoria Government Gazette

No. S 187 Thursday 16 October 2003 By Authority. Victorian Government Printer



SPECIAL

2b. Details of (Individual) Applicant				
Note: a certified copy of the individual's Proof of Identity, eg. Drivers Licence, MUST accompany this application.				
Name of Individual ABN Number				N/A
				Is Proof of Identity
Postal Address				attached?
				N/A
		Po	stcode	
Work telephone	Mobile	Facsimile num	ber	
Note Asherta Damaral Licenses CAN on	du be issued in the name of P	lamintamed Communication on in	Abo nome of Individuals	
Note: Asbestos Removal Licences CAN on they CANNOT be issued in Business Name		tegistered companies or ir	i the name of individuals,	
3a. Has the applicant or any of the director	rs, principals or chief executiv	e ever been issued a licenc	e or approval as an	Is part 3a complete?
asbestos removalist in Victoria or in any otl (tick appropriate box)	her Australian state or Territo	ry?		Y N
				Is part 3b
Yes No If Yes please indicate:				complete? Y N
State of Issue Licence Number	г	Issue Date	Expiry Date	
		/ /	/ /	
b. Has the applicant or any of the directors an asbestos removalist refused, suspended		ever had an application for	a licence or approval as	
an aspestos removatist refused, suspended	u, cancelled of revoked?			
Yes No If Yes, please provide de	etails on a separate sheet.			
4. Has the applicant or any of the directors			on(s) in relation to	Is part 4 complete?
asbestos removal work in any Australian st	tate or territory? (tick appropr	iate box)		Y N
Yes No				If YES have details been
If Yes, provide details on a separate sheet of	of previous conviction(s) and h	ow the issues relating to th	nem have been rectified.	provided?
Y				
5. Provide the Name and contact details of	f the Registered Medical Prac	titioner who you have, or wi	ll engage, to undertake	Is part 5 complete?
medical examinations of your employees.				Y N
Name				
C			Destroid	
Contact address			Postcode	
Contact telephone				

- Correct, and Sud with abbestos removal, and is a correct and Sud Sud Sud Sud Sud Sud Sud Sud Sud Su	6. Certification for Health & Safety Management System (Class A Only)				
- directly associated with abbestos removal, and is accredited/approved by JAS-AND or as determined by the Authority. Certification must remain current for the term of the Licence as an Asbestos Removalist. Provide details of the person who will be responsible for ensuring that certification remains current. Name Position		h & Safety Management System which is:-	Y N		
*** accredited/approved by JAS-ANZ or as determined by the Authority.** Provide details of the person who will be responsible for ensuring that certification remains current. Name		l, and is	ls conv		
Provide details of the person who will be responsible for ensuring that certification remains current. Name			attached?		
Note: If an applicant holds a current quality assurance certificate in relation to a current Class A approval issued under the Occupational Health & Safety (Asbestos) Regulations 1992, that certificate will be deemed as meeting the above requirement until such time as the current certificate expires. 7. Personal Protective Equipment & Laundering 7.1 Describe the type/s of Respiratory Protection to be worn by employees 7. Personal Protective Equipment & Laundering 7. Describe the type/s of Respiratory Protection to be worn by employees 7. Personal Protective Equipment & Laundering 7. Describe the type of clothing Disposable clothing Both 8. Training 8. Training 9. Postcode 8. Training 9. Postcode 8. Training 9. Postcode Are training in asbestos removal for each employee involved in or expected to be involved in asbestos removal with activative accompliance. Problem of training in asbestos removal only activated to the proposal of the sundown of the proper of training in asbestos removal only activated. Problem of training in asbestos removal only activated to the proper interest of the proper of training in asbestos removal only activated to the problem of the problem of training in asbestos removal only activated to the problem of the problem of training and the problem of training in asbestos removal only activated to the problem of the prob	Certification must remain current for the to	erm of the Licence as an Asbestos Removalist.	1 14		
Position Contact number Facsimile number Facsimile number Note: If an applicant holds a current quality assurance certificate in relation to a current Class A approval issued under the Occupational Health & Safety (Asbestos) Regulations 1972, that certificate will be deemed as meeting the above requirement until such time as the current certificate expires. 7. Personal Protective Equipment & Laundering 7. 1. Describe the type/s of Respiratory Protection to be worn by employees 7. 2. Does the applicant and/or employees use (tick appropriate box) Non-Disposable clothing Describe the type of clothing 7. 3. If non-disposable clothing is used, does the applicant:- (ii) Launder their own employees contaminated clothes? (tick appropriate box) Yes No Yes No 7. 4. (a) If the contaminated clothing is forwarded to a laundry? (tick appropriate box) Yes No 7. 4. (a) If the contaminated clothing is forwarded to a laundry informed that the clothing may be contaminated with asbestos? (tick appropriate box) Postcode 8. Training Proof of Training MUST be in the form of course certificates, letters from training providers or other suitable training institutions. Are training Proof of Training in asbestos removal for each employee involved in or expected to be involved in asbestos removal entrailed absets or emoval only in the following:- Course name Describe the type of clothing in asbestos removal only in the following:- Course name Describe the type of clothing in asbestos removal only in the following:- Course name Describe the type of clothing in asbestos removal only in the following:- Course name Describe the type of clothing asbestos removal only	Provide details of the person who will be re	esponsible for ensuring that certification remains current.			
Note: If an applicant holds a current quality assurance certificate in relation to a current Class A approval issued under the Occupational Health & Safety (Asbestos) Regulations 1922, that certificate will be deemed as meeting the above requirement until such time as the current certificate expires. 7. Personal Protective Equipment & Laundering 7.1 Describe the type/s of Respiratory Protection to be worn by employees 7.2 Does the applicant and/or employees use (tick appropriate box) Non-Disposable clothing Disposable clothing Both Describe the type of clothing	Name				
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Course of Training MUST be in the form of course certificates, letters from training providers or other suitable training institutions. Are training attached? Training details must include the following: Course name Date(s) of course completion	7.3 If non-disposable clothing is used, does the applicant:-				
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Date(s) of course completion Type/Scope of course eg. – Friable & non friable asbestos removal Non friable asbestos removal only		t -			
– Non friable asbestos removal only	Date(s) of course completion				
- Other. Removal of specific type of asbestos removal (eg. Water pipes,	– Non friable as – Other. Remova	sbestos removal only al of specific type of asbestos removal (eg. Water pipes,			

9. Site Supervisors Experience

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ź	4	ı			

Provide the names of Note:	le the names of all site supervisors including details of their experience in asbestos removal work activities*.				details complete? Y N		
	ım of at least six (6) asl	oestos removal proje	ects should be _l	provid	ed.		
Project details sho	uld be no more than tw	o (2) years old.					
Projects for non-sp	ecific Class A applican	s should include a	minimum of fou	ır (4) f	riable asbestos remova	al jobs.	
	ecific applicants should ls and in different quan		, show removal	of a r	ange of different asbes	stos	
Site supervisor's nar	me			Years	s of experience in asbe	stos removal	
Project name	Project dates (Start/Finish)	Client	Supervisors direct emplo	yer	Friable or Non- friable including Type of Asbestos Containing Material	Quantity of asbestos removed	
1.							
2.							
3.							
4.							
5.							
6.							
Project Contact Deta	nils (Please provide con	tact name and phon	e number of th	e clier	nt for each project indi	cated above)	
	Name Contact Number			Are project contact details			
Project 1							provided? Y N
Project 2							
Project 3							
Project 4							
Project 5							
Project 6							
* Provide the above information for each site supervisor. If there is more than one site supervisor provide details on a separate sheet.							

10. Declaration by Applicant			applicant	
is true and correct in every particul individual, I am authorised to provid Information Privacy Act 2000 (Vic) a	owledge, the information provided in this appli ar. I declare that where I provide personal info de that information, the information has been and the individual has been or will be made aw of which an individual is required to be made	ormation to the VWA about any other collected in accordance with the vare of the VWA's identity and how to	signed and dated the declaration? Y N	
Applicant's signature		Date		
		/ /		
Applicant's Name (Please Print)				
Collection of Personal Information				
application and for the purposes of administration and evaluation of the Occupational Health & Safety Act 1 agents, to a court or tribunal, to en and to any person authorised by the this information may be required by information, your application may n	onnection with this application will be used fo the administration and enforcement of legisla e WM's programs generally, and legal procee 985, the WM may disclose such personal info polyers or prospective employers of the indivi- e individual to whom the information relates, of y the Occupational Health & Safety Act 1985. I not be accepted or processed. Individuals have nem: contact the WMA Freedom of Information c.gov.au.	ation administered by the WWA, the dings. Subject to Section 10 of the ormation to its contractors and idual, to other regulatory agencies or by law, to obtain it. Collection of If you do not provide any of the rights to have access to personal		
Contact Details Send your complet In person WorkSafe Victoria Licensing Branch Level 3, 628 Bourke Street Melbourne, Victoria, 3000	ed application form and all supporting docum By mail WorkSafe Victoria Licensing Branch GPO Box 4293 Melbourne, Vic, 3001	entation to: Telephone [03] 9941 0500 Fax [03] 9941 0501		
D			Fee paid?	
Payment Options Schedule 4 of the OHS (Asbestos) Ran Asbestos Removal Licence is:-	Regulations 2003 states that the fee for the ISS	SUE of	Y N	
all Asbestos Nemovat Licence is.			Receipt No Y N	
Class A Licence \$460. Class B Licence \$340.				
PAYMENT IS ONLY REQUIRED ON THE ISSUE OF A LICENCE				
	an Asbestos Removal Licence you will be ropriate payment as indicated above.			
DO NOT SEND PAYMENT WITH THIS APPLICATION				

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