



Victoria Government Gazette

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SPECIAL

<p>OCCUPATIONAL HEALTH AND SAFETY (ASBESTOS) REGULATIONS 2003 Jan 2003</p> <p>WORKSAFE VICTORIA</p> <p>APPLICATION FOR AN ASBESTOS REMOVAL LICENCE OR APPLICATION FOR RENEWAL OF AN ASBESTOS REMOVAL LICENCE</p>		<p>Office use only checklist (please circle)</p> <p>Trim No.</p>
<p>Note: Regulation 207 of the Occupational Health & Safety (Asbestos) Regulations 2003 allows an employer or self-employed person to remove a limited amount of asbestos containing material which is fixed or installed to a building, structure, ship or plant without the need to hold an Asbestos Removal Licence.</p> <p>This exclusion only applies to:-</p> <ul style="list-style-type: none"> ● non-friable asbestos containing material; and ● the area to be removed is less than 10 square metres in total; and ● the removal is not undertaken for more than 1 hour in any period of 7 days. <p>This permitted limited asbestos removal must be conducted in accordance with Part 8 of the Regulations.</p>		
<p>1. Type of Application</p> <p>The people who may be considered for approval to operate as asbestos removalists are an individual person, body corporate or body politic.</p> <p>I/We apply for a licence to undertake asbestos removal work under Regulation 402(1) of the Occupational Health and Safety (Asbestos) Regulations 2003. (tick applicable box)</p> <p><input type="checkbox"/> CLASS A – FRIABLE (Removal of all forms of asbestos containing material)</p> <p><input type="checkbox"/> CLASS A – SPECIFIC FRIABLE (Removal of specific* “types of friable asbestos-containing material”)</p> <p>Specify Type(s)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> CLASS B – NON FRIABLE (Removal of all non friable asbestos-containing materials)</p> <p><input type="checkbox"/> CLASS B – SPECIFIC NON FRIABLE (Removal of specific* “types of non friable asbestos-containing material”) eg. telecommunication pits and pipes, asbestos cement pipes, gaskets.</p> <p>Specify Type(s)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>* “type of asbestos-containing material” means a description of asbestos containing material or product e.g. asbestos containing cement sheeting, cement pipes, vinyl tiles, sprayed insulation, telecommunications pits and pipes, pipe lagging, millboard and gaskets.</p> <p>Friable Asbestos means:- asbestos containing materials that when dry may be crumbled, pulverised or reduced to powder by hand pressure.</p>		<p>Is part 1 complete?</p> <p>Y N</p>

<p>Non Friable Asbestos means:– asbestos containing materials that have been compounded from asbestos mixed with cement or other hard bonding materials.</p> <p>Is this an Application for the Renewal of a Victorian Asbestos Removal Licence Issued under the OHS (Asbestos) Regulations 2003?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate your current Victorian Asbestos Removalist Licence Number.</p> <p>Licence Number</p> <input type="text"/> <p>Please note that if the application is for the “Renewal of an Asbestos Removal Licence” you are only required to complete Sections 1, 2, 4 & 10 of this application form provided all the other details specified in Sections 3, 5, 6, 7, 8 & 9 are the same as indicated in your original application for a licence.</p> <p>If any of the details in Sections 3, 5, 6, 7, 8 or 9 have changed, please indicate the changes in the relevant Section/s.</p>	<p>Is this an application for Renewal?</p> <p>Y N</p> <p>If Yes, is Licence Number indicated?</p> <p>Y N</p>
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<p>2. Details of Applicant (Please print in BLOCK letters)</p> <p>Name</p> <input type="text"/> <p>Type of person (tick applicable box)</p> <p><input type="checkbox"/> Individual* <input type="checkbox"/> Body Corporate** <input type="checkbox"/> Body Politic</p> <p>* For an individual person, please supply Proof of Identity eg. Drivers licence, birth extract or passport.</p> <p>** For corporations, please supply Certified Copy of Certificate of Incorporation.</p> <p>Registered business name (if applicable) ABN Number</p> <input type="text"/> <p>Registered company name/Legal name (if applicable)</p> <input type="text"/> <p>Business address Postcode</p> <input type="text"/> <p>Postal address (if different to business address) Postcode</p> <input type="text"/> <p>Work telephone Mobile Facsimile</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Is part 2 complete?</p> <p>Y N</p>
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<p>3a. Has the applicant or any of the directors, principals or chief executive ever been issued a licence or approval as an asbestos removalist in Victoria or in any other Australian state or Territory? (tick appropriate box)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please indicate:</p> <p>State of Issue Licence Number Issue Date Expiry Date</p> <p><input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>b. Has the applicant or any of the directors, principals or chief executive ever had an application for a licence or approval as an asbestos removalist refused, suspended, cancelled or revoked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details on a separate sheet.</p>	<p>Is part 3 complete?</p> <p>Y N</p>
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<p>4. Has the applicant or any of the directors, principals or chief executive ever had previous conviction(s) or compliance requirements in relation to asbestos removal work in any Australian state or territory? (tick appropriate box)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide details on a separate sheet of previous conviction(s) or compliance requirements, and how the issues relating to them have been rectified.</p>	<p>Is part 4 complete?</p> <p>Y N</p>
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<p>5. Provide the name and contact details of the Registered Medical Practitioner who you have, or will engage, to undertake medical examinations of your employees.</p> <p>Name</p> <p><input type="text"/></p> <p>Contact address Postcode</p> <p><input type="text"/></p> <p>Contact telephone</p> <p><input type="text"/></p>	<p>Is part 5 complete?</p> <p>Y N</p>
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<p>6. Certification for Health and Safety Management System (Class A Only)</p> <p>Provide A COPY of Certification for a Health & Safety Management System which is:-</p> <ul style="list-style-type: none"> ● current, and is ● directly associated with asbestos removal, and is ● accredited/approved by JAS-ANZ or as determined by the Authority. <p>Certification must remain current for the term of the Licence as an Asbestos Removalist.</p> <p>Provide details of the person who will be responsible for ensuring that certification remains current.</p>	<p>Is part 6 complete?</p> <p>Y N</p> <p>Is copy attached?</p> <p>Y N</p>
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Name <input type="text"/>		
Position <input type="text"/>	Contact number <input type="text"/>	Facsimile number <input type="text"/>
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.		

<p>7. Personal Protective Equipment & Laundering</p> <p>7.1 Does the applicant and/or employees use (tick appropriate box) <input type="checkbox"/> Non-Disposable clothing <input type="checkbox"/> Disposable clothing <input type="checkbox"/> Both Describe the type of clothing <input type="text"/> <input type="text"/></p> <p>7.2 If non-disposable clothing is used, does the applicant:– (i) Launder their own employees' contaminated clothes? (tick appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (ii) Forward their contaminated clothing to a laundry? (tick appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 7.3 (a) If the contaminated clothing is forwarded to a laundry, is the laundry informed that the clothing may be contaminated with asbestos? (tick appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No 7.3 (b) What is/are the name(s) and address(s) of the laundry(s)? <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Is part 7.1 complete? Y N</p> <p>Is part 7.2 complete? Y N</p> <p>Is part 7.3(a) complete? Y N</p> <p>Is part 7.3(b) complete? Y N</p>
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<p>8. Training</p> <p>Attach copies of proof of training in asbestos removal for each employee involved in or expected to be involved in asbestos removal work activities. Training details must include the following:–</p> <ul style="list-style-type: none"> ● Course name ● Date(s) of course completion ● Type/Scope of course eg. – Friable & non friable asbestos removal <ul style="list-style-type: none"> – Non friable asbestos removal only – Other. Removal of specific type(s) of asbestos containing material (eg. water pipes, telecommunications pits & pipes, gasket removal.) 	<p>Are training details attached? Y N</p>
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<p>9. Site Supervisors' Experience Provide the names of all site supervisors including details of their experience in asbestos removal work activities*. Site supervisor's name <input style="width: 100%; height: 20px;" type="text"/> Years of experience in asbestos removal <input style="width: 100%; height: 20px;" type="text"/></p>						Are site supervisor details complete? Y N
Project name	Project dates (start/finish)	Client	Supervisors direct employer	Friable or Non-friable including type of asbestos containing material	Quantity of asbestos removed	Are project contact details provided? Y N
1.						
2.						
3.						
4.						
5.						
6.						
Project Contact Details (Please provide contact name and contact phone number for each project indicated above)						
	Name		Contact Number			
Project 1						
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.						

<p>10. Declaration by Applicant</p> <p>I declare that, to the best of my knowledge, the information provided in this application and supporting this application is true and correct in every particular. I declare that where I provide personal information to the VWA about any other individual, I am authorised to provide that information, the information has been collected in accordance with the Information Privacy Act 2000 (Vic) and the individual has been or will be made aware of the VWA's identity and how to contact it and of the other matters of which an individual is required to be made aware when personal information is collected about them.</p> <p>Applicant's signature Date</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 350px; height: 20px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; text-align: center;">/ /</div> </div> <p>Print name</p> <div style="border: 1px solid black; width: 350px; height: 20px; margin-top: 10px;"></div>	<p>Has the applicant signed and dated the declaration?</p> <p style="text-align: center;">Y N</p>
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Collection of Personal Information

Personal information collected in connection with this application will be used for the purpose of assessing the application and for the purposes of the administration and enforcement of legislation administered by the VWA, the administration and evaluation of the VWA's programs generally, and legal proceedings. Subject to Section 10 of the **Occupational Health & Safety Act 1985**, the VWA may disclose such personal information to its contractors and agents, to a court or tribunal, to employers or prospective employers of the individual, to other regulatory agencies and to any person authorised by the individual to whom the information relates, or by law, to obtain it. Collection of this information may be required by the **Occupational Health & Safety Act 1985** and related regulations. If you do not provide any of the information, your application may not be accepted or processed. Individuals have rights to have access to personal information the VWA holds about them: contact the VWA Freedom of Information Officer. You can access the VWA Privacy Policy at www.workcover.vic.gov.au.

Contact Details

Send your completed application form and all supporting documentation to:

In person	By mail	
WorkSafe Victoria	WorkSafe Victoria	
Licensing Branch	Licensing Branch	
Level 3, 628 Bourke Street	GPO Box 4293	Telephone (03) 9941 0500
Melbourne, Victoria	Melbourne Vic. 3001	Fax (03) 9941 0501

<p>Payment Options Class A Licence \$460. Class B Licence \$340. (No GST applies to this application.) The Victorian WorkCover Authority ABN is 90 296 467 627</p>		Fee paid? Y N
<input type="checkbox"/> Paying in person	Present this application together with supporting documentation and fee to WorkSafe Victoria, Licensing Branch, Level 3, 628 Bourke Street, Melbourne.	Receipt No?
<input type="checkbox"/> Paying by mail	I wish to pay by: Cheque <input type="checkbox"/> OR Money order <input type="checkbox"/> Make cheque/money order payable to the Victorian WorkCover Authority.	Receipt date?
<input type="checkbox"/> Paying by credit	I wish to pay by credit card. Please charge payment of this application to my: Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date <input type="text"/> <input type="text"/>	— / — / —
Cardholder name	<input type="text"/>	
	print	
	Signature	
	<input type="text"/>	

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