

Application for a replacement High Risk Work Licence or Accreditation (plastic card)

Work Health and Safety Act 2020 (the Act)
Work Health and Safety (General) Regulations 2022 (the Regulations)

How to complete this application

This application form is to be used to apply for a copy of your current High Risk Work Licence or Accreditation card.

For assistance completing this application

Phone 1300 424 091 or Email WorksafeLicensing@lgirs.wa.gov.au

How to submit this application

Submission method		Payment method
Post	Licensing Services Department of Local Government, Industry Regulation and Safety Locked Bag 14 Cloisters Square PERTH WA 6850	Attach Application Payment Form www.wa.gov.au/media/49956/download?inline
In person	Department of Local Government, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington Office opening hours: 8.30am - 4.30pm, Monday to Friday	

**Fees are reviewed annually and are subject to change without notice. Current application fees can be found on the WorkSafe website*

OFFICE USE ONLY

Total Fee	\$	Department Code		Chart Description	<input type="checkbox"/> Reprint
Assessed by			Audited by		

PART 1: LICENCE DETAILS

Current High Risk Work Licence or Accreditation details	
Licence/Accred no.	
Expiry date:	
Licence or Accreditation holder details	
Family name	
Given name	
Date of birth	

Contact details				
Residential address	Street address			
	Suburb		Postcode	
Postal address (if different to residential address)	Postal address			
	Suburb		Postcode	
Phone no.				
Email				

PART 2: CIRCUMSTANCES

You must indicate one of the below and also provide a description of the circumstances in which the document was lost, stolen or damaged.

<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Damaged

PART 3: DECLARATION

Declaration of Licence or Accreditation holder

Section 268 of the *Work Health and Safety Act 2020* provides for penalties of up to \$12,500 for a person who gives information that the person knows to be false or misleading in a material particular or omits any matter or thing without which the information is misleading; or who provides a document that the person knows to be false or misleading in a material particular.

1. By signing this application form I declare that the information and documents I have provided in support of this application are true and correct.
2. In addition, by signing this form, I give consent to the WorkSafe Commissioner, or persons so directed, to obtain on my behalf any document, record, file, or information that may be necessary and relevant to consider this application.
3. I understand that if my application is incomplete or contains errors I will be contacted by email and provided 28 days to provide the required information. If I do not respond with the required information, my application will be taken to be withdrawn and I may be required to reapply.

This declaration is considered to be made on the date the application is submitted.

Signature