



Application for a Demolition Licence Class 1 or 2

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

How to complete this application

- 1. Read the application form in full to understand all of the information required
- 2. Complete the application form in full
- 3. Gather all required attachments, such as certificates of attainment
- 4. Use the provided checklist to check the application is complete
- 5. Submit the application along with payment of the required fee

For assistance completing this application:

Phone: 1300 424 091

Email: WorksafeRegistration@lgirs.wa.gov.au

How to submit this application Submission method Application fee Submit your application and pay online: Pay by credit card https://onlineforms.dmirs.wa.gov.au/#/form/63eefb67895bd82754941d1e online By Post Licensing Services Department of Local Government, Industry Regulation and Safety Locked Bag 14 Cloisters Square Attach Application **PERTH WA 6850** Payment Form In Person www.wa.gov.au/medi a/49956/download?inl Department of Local Government, Industry Regulation and Safety ine 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	WL	Chart Description	☐ Demolition – Class 1 New ☐ Demolition – Class 2 New		





PART 1: APPLICANT DETAILS

Class of Demolition Licence								
☐ Class 1			☐ Clas	☐ Class 2				
Applicant Details								
☐ Body Corpo	orate – complet	e section 1	☐ Indiv	∕idual – complete	e section 2			
		Section 1 - Bo	ody Corporate o	details				
Registered Compa	iny name							
ACN (Australian Com	pany Number)							
		Section 2	- Individual deta	ails				
Family name								
Given name								
Date of birth				Place of birth				
		Business	(trading) n	name				
Business (trading) (if applicable)	Name							
Attach a E	Business name ing a business (tra	e extract issued by Alading) name	ustralian Secur	ities and Invest	ment Comm	ission (ASIC) –		
·		Conta	act Details					
Principal Place of I Residential addres		Street address						
		Suburb			Postcode			
Postal address (if different to registered	d or residential	Postal address						
address)		Suburb			Postcode			
All communications relating to this application and licence (if granted) will be sent to the below email address								
Mobile phone no.			Phone no. (d	ay)				
Email address								





PART 2: PROBITY INFORMATION

	Probity questions							
	For help understanding these questions visit: https://www.wa.gov.au/media/50351/download?inline or call 1300 424 091.							
1.	Have you, the corporate body or any of the officers of the body corporate, ever been convicted or found guilty of any offence under the Act or these Regulations or under any corresponding WHS (work health and safety) law?	YES	□ NO					
2.	Have you, the body corporate or any of the officers of the body corporate, ever entered into an enforceable undertaking under the Act or under any corresponding WHS law?	YES	□ NO					
3.	Have you, the body corporate or any of the officers of the body corporate, ever been refused an equivalent licence under a corresponding WHS law?	YES	□ NO					
4.	Have you, the body corporate or any of the officers of the body corporate, previously held an equivalent licence under a corresponding WHS law?	YES	□ NO					
5.	If you answered yes to question 4, were any conditions imposed on that licence?	YES	□ NO					
6.	If you answered yes to question 4, was that equivalent licence suspended or cancelled?	YES	□ NO					
7.	If you answered yes to question 6, were you, the body corporate or any of the officers of the body corporate, disqualified from applying for any licence?	YES	□ NO					
res	you answered 'yes' to any of the above questions, attach details . A 'yes' sponse will be considered by the WorkSafe Western Australia Commissioner on a facts presented and may not affect your application to be licensed.	☐ Attache	ed					





PART 3: NOMINATED SUPERVISOR

Experience - Demolition work

The nominated supervisor must have recent and relevant demolition experience in investigating, planning and supervising safe methods of demolition for the demolition work.

To demonstrate this, the nominated supervisor must complete the Statement of Experience (SOE) within this application. The SOE must demonstrate experience in the class of demolition work applied for. The experience must include:

- Project start and finish dates/the dates the demolition work was carried out over;
- How many days the demolition work was carried out over;
- The demolition licence number work was carried out under;
- Employers details including details of person/s who can verify/answer questions about the experience;
- Name of project;
- Type of Structure;
- Composite of structure;
- · Complete or partial demolition;
- Site address;
- Height;
- Method of demolition
- The role and responsibilities of the nominated supervisor;
- Name and signature of nominated supervisor.

Nominated supervisors must have demonstrated experience in performing work in accordance with *Australian Standard AS2601: The demolition of structures* (AS 2601).

Experience must be a minimum of three (3) substantial jobs within the past 5 years, in the class for which you are applying. Note: Demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

To assist in verification of the demolition work experience within the SOE, additional information and/or documentation may be requested at any point during the application process. Examples of information and/or documentation that may be requested are Safe Work Method Statements (SWMS), Job Safety Analysis (JSA), demolition management plan, copies of Notification of Demolition Work etc.

Previously approved as nominated supervisor

If the Nominated Supervisor for this application has been approved as a Nominated Supervisor for a demolition licence holder, within the past 3 years in another jurisdiction under an equivalent legislative framework, or has already been approved as a Nominated Supervisor for another demolition licence holder in WA, within the last 3 years, applicants must provide evidence of this.

As such, the evidence provided will be assessed against the requirements and may be considered as an alternative to the SOE template.





Details of supervisor nominated								
Family	Name							
Given	Name/s							
Date o	f Birth				Place of birth			
Reside	ential Addre	ess		Street				
				Suburb			Postcode	
Mobile	phone no.			,	Phone no. (day)			
Email	address							
				Certi	fication			
The N		Supe	rvisor must s	how evidence t	hat they have beer	n trained in	safe metho	ods of
					py of their Stateme by a Registered Tra			
To ch	eck if your	r units	are equivale	nt, search the <u>t</u>	nttps://training.gov.	au/ website	Э	
	CPCCW industry	HS20	01 - Apply W	HS requiremen	its, policies and pro	ocedures ir	the constr	ruction
	CPCCCM2009 - Carry out basic demolition.							
Proof of Identity								
	Proof of identity documents attached – for acceptable forms of identification please refer to the Applicant Guide – Application for a Demolition Licence https://www.wa.gov.au/media/50351/download?inline							





The nominated supervisor is required to provide a detailed description of a minimum of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. Note: demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project (If applicable) Type of structure Composite of structure Complete or partial demolition	Site address	Height (m)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.

I declare the above information is true and correct

Name of Nominated Supervisor:	Signature:
-------------------------------	------------

Application Demolition Licence New Page 6 of 14





The nominated supervisor is required to provide a detailed description of a minimum of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. Note: demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project (If applicable) Type of structure Composite of structure Complete or partial demolition	Site address	Height (m)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.

I declare the above information is true and correct

Name of Nominated Supervisor:	Signature:
-------------------------------	------------

Application Demolition Licence New Page 7 of 14 09/2025





The nominated supervisor is required to provide a detailed description of a minimum of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. Note: demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project (If applicable) Type of structure Composite of structure Complete or partial demolition	Site address	Height (m)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.

I declare the above information is true and correct

Name of Nominated Supervisor:	Signature:
-------------------------------	------------

Application Demolition Licence New Page 8 of 14





The nominated supervisor is required to provide a detailed description of a minimum of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. Note: demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project (If applicable) Type of structure Composite of structure Complete or partial demolition	Site address	Height (m)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.

I declare the above information is true and correct

Name of Nominated Supervisor:	Signature:
-------------------------------	------------

Application Demolition Licence New Page 9 of 14 09/2025





The nominated supervisor is required to provide a detailed description of a minimum of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. Note: demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project (If applicable) Type of structure Composite of structure Complete or partial demolition	Site address	Height (m)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.

I declare the above information is true and correct

Name of Nominated Supervisor:	Signature:
-------------------------------	------------

09/2025

Application Demolition Licence New Page 10 of 14





The nominated supervisor is required to provide a detailed description of a minimum of three (3) substantial demolition jobs, in the demolition class being applied for, completed within the five (5) years before the date of the application. Note: demolition jobs will be referenced against the Notification of demolition work submitted to the WorkSafe Commissioner under regulation 142F.

Project start and finish dates (how many days)	Demolition licence number (works conducted under)	Employer (including name, email address and telephone number of person/s who can verify experience)	Name of project (If applicable) Type of structure Composite of structure Complete or partial demolition	Site address	Height (m)	Method of demolition	Your role and responsibilities – overview of the activities performed by you in relation to the demolition work you were involved in.

I declare the above information is true and correct

Name of Nominated Supervisor:	Signature:
-------------------------------	------------

Application Demolition Licence New Page 11 of 14 09/2025





PART 4: WRITTEN REFERENCES

Written References

The demolition work experience documented for a nominated supervisor, must be independently verified by the provision of two (2) written references. These references must verify experience provided on the SOE and should be completed by a credible and independent person.

A credible and independent person is in a position and has the skills to assess the scope and quality of the experience you are claiming.

For experience gained while employed, a credible and independent referee is the nominated supervisor's employer or an authorised representative of the nominated supervisor's employer.

For experience gained while a contractor or subcontractor, a credible and independent person is the client, or the building contractor. If it is not possible to obtain a signed verification from the client or contractor, obtain references from a foreman, supervisor or manager.

A credible and independent referee is not:

- a relative;
- a person with potential conflict (your employee);
- a co-worker or subordinate worker; or
- an office manager or HR manager.

Credible and independent referees may be contacted by Licensing Services to verify your experience.

Written references must outline and verify the Nominated Supervisor's experience, and must include the following details of your experience:

- explanation of the referee's relationship and the capacity to independently verify and endorse the nominated supervisor's experience
- the type of work completed by the nominated supervisor i.e. occupation, duties, roles, and responsibilities;
- the start and finish date of each project the referee is verifying; and
- the address of each demolition project being verified by the referee.

Both written references must be signed and dated by the credible and independent person. It must also include the full name, email address, and telephone number of the referee.

PART 5: SAFETY MANAGEMENT PLAN

	Applicants must provide evidence that they have a Safety Management Plan in place that addresses the essential management criteria in relation to the class of demolition work they are applying for			
The Safety Management Plan must include essential management criteria: planning, consultation, hazard management, and training .				
	Attach evidence that there is a Safety Management Plan in place.			





PART 6: DECLARATION

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.

By signing this application form I declare that:

- o I have read the application form in full and have completed all parts of the form accurately;
- o the information and documents I have provided in support of this application are true and correct;
- 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;
- o I understand that if the application is incomplete or contains errors I will be contacted by email and provided 28 days to provide the required information and if I do not respond with the required information my application will be taken to be withdrawn and I will be required to apply for a new licence.

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

Body Corporate applicants note: as per Section 127 of the Corporations Act 2001, this declaration must be signed by

- Two company Directors, or
- · A company Director and Company Secretary, or
- The sole director where that person is also the company secretary or there is no company secretary

Full Name:					
Signature:					
Full Name:					
Signature:					
Declaration of nominated supervisor					
Full Name:					
Signature:					





CHECKLIST

Application checklist						
✓	Please ensure you have provided/completed each of the following:					
PAYM	ENT					
	Application Payment form completed and attached					
PART	PART 1: APPLICANT DETAILS					
	Part 1: Applicant details competed in full					
	Company and Business name extract provided where applicable					
PART	2: PROBITY INFORMATION					
	All probity questions answered and evidence attached where applicable					
PART	PART 3: NOMINATED SUPERVISOR					
	Statement of Experience (SOE) for the nominated supervisor, or evidence of previous experience under an equivalent licence issued under corresponding WHS law within the last three years					
	Statement of Attainment for the following units of competency, or their replacements, issued by an RTO: • CPCCWHS2001 - Apply WHS requirements, policies and procedures in the construction industry; • CPCCCM2009 - Carry out basic demolition					
	Proof of identification documents					
PART	PART 4: WRITTEN REFERENCES					
	Two (2) written references to verify the demolition work experience of the nominated supervisor					
PART 5: SAFETY MANAGEMENT PLAN						
	Safety Management Plan attached					
PART 6: DECLARATION						
	Declaration signed correctly by all relevant parties					